

THE IMPORTANCE OF EARLY CHILDHOOD DEVELOPMENT

HEARING

BEFORE THE

COMMITTEE ON

EDUCATION AND LABOR

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THE IMPORTANCE OF EARLY CHILDHOOD DEVELOPMENT

**Tuesday, March 17, 2009
U.S. House of Representatives
Committee on Education and Labor
Washington, DC**

The committee met, pursuant to call, at 10:04 a.m., in room 2175, Rayburn House Office Building, Hon. George Miller [chairman of the committee] presiding.

Present: Miller, Kildee, Payne, Scott, Woolsey, Hinojosa, Tierney, Kucinich, Wu, Holt, Davis, Loeb sack, Hirono, Clarke, Courtney, Polis, Tonko, Pierluisi, Sablan, Titus, McKeon, Castle, Biggert, Platts, Wilson, Kline, Price, Guthrie, Cassidy, and Hunter.

Staff present: Paulette Acevedo, Legislative Fellow, Education; Tylease Alli, Hearing Clerk; Curtis Ellis, Legislative Fellow, Education; Denise Forte, Director of Education Policy; Ruth Friedman, Senior Education Policy Advisor (Early Childhood); David Hartzler, Systems Administrator; Lloyd Horwich, Policy Advisor, Subcommittee on Early Childhood, Elementary and Secretary Education; Jessica Kahane k, Press Assistant; Mike Kruger, Online Outreach Specialist; Sharon Lewis, Senior Disability Policy Advisor; Joe Novotny, Chief Clerk; Margaret Young, Staff Assistant, Education; Mark Zuckerman, Staff Director; Stephanie Arras, Minority Legislative Assistant; James Bergeron, Minority Deputy Director of Education and Human Services Policy; Robert Borden, Minority General Counsel; Kirsten Duncan, Minority Professional Staff Member; Alexa Marrero, Minority Communications Director; Susan Ross, Minority Director of Education and Human Resources Policy; and Linda Stevens, Minority Chief Clerk/Assistant to the General Counsel.

Chairman MILLER [presiding]. A quorum being present, the hearing will come to order.

Today's hearing is about how Congress can strengthen early childhood development and education. As President Obama rightly said in his first major speech on education last week, any significant education reform must start with children before they enter their Kindergarten classrooms. If we only start focusing on kids at Kindergarten and on, it is 5 years too late.

Over the past decade, there has been groundbreaking research on brain and child development that underscores the importance of the first 5 years of a child's life. In combination with their genes, children's experiences in these critical early years influence brain

chemistry, architecture and growth in ways that have lasting effects on their health, learning and behavior.

The Early Childhood Longitudinal Study overseen by the Department of Education, for example, found that twice as many 4-year-olds from upper-income family households were proficient in early math skills when compared to 4-year-olds from the lowest income households. High quality early education can improve children's reading, math, and language skills, strengthen parenting practices that help increase school readiness, and lead to better health and behavior.

Studies also show all children benefit from high quality early education programs, with children from the low-income families showing the largest benefits. Investing in early childhood education will help ensure that our next generation of workers is stronger, more innovative and more competitive. It is an investment that yields great returns. Every dollar spent on early childhood education can generate anywhere from \$1.25 to \$17 in return, but we have a long way to go to ensure that all children can get high quality early education foundation.

Today, nearly 12 million of the 18.5 million children under five in this country are in some type of regular child care or early education setting. Children with working mothers spend an average of 36 hours per week in early learning settings. Child care costs for families with young children are generally the single highest or the second highest spending costs after housing. Parents need more affordable quality early education settings for their children as they work longer hours or take on a second job.

Unfortunately, research suggests the quality of child care in this country is mediocre. This is not surprising, given the weak and variable standards in most states for early learning programs. The vast majority of states have no training requirements for child care providers prior to working in a classroom. And 13 state pre-K programs meet five or fewer of the 10 quality criteria.

The American Recovery and Reinvestment Act provides emergency funding for child care, Head Start and Early Head Start to expand opportunities for more low income children and create tens of thousands of new jobs. This is a good start, but more needs to be done.

In his budget blueprint, President Obama outlined his plan to build on these key investments. He proposes creating incentives for states to support comprehensive and coordinated high quality early childhood programs for children age birth to five. I think these are the right types of investments.

I look forward to working in a bipartisan way with the Obama administration to ensure our youngest children are provided the early learning opportunities they need to succeed in school and in life.

There are initiatives across the country leading the way that show that investments in high quality early education can make a tremendous difference in children's futures, both inside and outside the classroom. Today, we will hear from witnesses who have sound and sensible ideas on how we can bring about early childhood reform.

We look forward to hearing from each of you about what is being done to help our youngest children. Few issues are more critical to the future prosperity of this country.

I would like now to yield to the senior Republican on the committee, Mr. McKeon, for his opening statement.

[The statement of Mr. Miller follows:]

**Prepared Statement of Hon. George Miller, Chairman, Committee on
Education and Labor**

Today's hearing is about how Congress can strengthen early childhood development and education.

As President Obama rightly said in his first major speech on education last week, any significant education reform effort must start with children before they enter their kindergarten classrooms. If we only start focusing on kids at kindergarten and on—it's five years too late.

Over the past decade, there has been groundbreaking research on brain and child development that underscores the importance of the first five years of a child's life.

In combination with their genes, children's experiences in these critical early years influence brain chemistry, architecture, and growth in ways that can have lasting effects on their health, learning, and behavior. The Early Childhood Longitudinal Study overseen by the Department of Education, for example, found that twice as many 4-year-olds from upper-income family households were proficient in early math skills when compared to 4-year-olds from the lowest income households.

High quality early education can improve children's reading, math, and language skills, strengthen parenting practices that help increase school readiness, and lead to better health and behavior.

Studies also show all children benefit from high quality early education programs, with children from low-income families showing the largest benefits.

Investing in early childhood will help ensure our next generation of workers is stronger, more innovative and more competitive. It's an investment that yields great returns. Every dollar spent on early childhood education can generate anywhere from \$1.25 to \$17 in returns.

But we have a long way to go to ensure that all children can get a high-quality early education foundation.

Today, nearly 12 million of the 18.5 million children under 5 in this country are in some type of regular child care or early education setting.

Children with working mothers spend on average 36 hours per week in early learning settings.

Child care costs for families with young children are generally the single highest or second highest spending cost, after housing. Parents need more affordable, quality early education settings for their children as they work longer hours or take on a second job.

Unfortunately, research suggests that the quality of child care in this country is mediocre. This is not surprising given the weak and variable standards in most states for early learning programs.

The vast majority of states have no training requirement for child care providers prior to working in a classroom. And thirteen state pre-k programs meet five or fewer of 10 key quality criteria.

The American Recovery and Reinvestment Act provides emergency funding for child care, Head Start, and Early Head Start to expand opportunities for more low-income children, and create tens of thousands of new jobs.

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I think these are the right types of investments. I look forward to working in a bipartisan way with the Obama Administration, to ensure our youngest children are provided the early learning opportunities they need to succeed in school and in life.

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Today we will hear from witnesses who have sound and sensible ideas on how we can bring about early childhood reform.

We look forward to hearing from each of you about what is being done to help our youngest children. Few issues are more critical to the future prosperity of our country.

Mr. MCKEON. Thank you, Chairman Miller, and good morning, especially to all of you Irishmen out there. Happy St. Patrick's Day.

We are here today to examine the importance of early childhood development, a topic that is getting a lot of attention these days, and rightly so. A child's first years are among the most critical in laying the foundation for future learning. Cognitive development, social interaction and so many other areas of early learning play an important role as a child prepares to enter school.

While governments have traditionally played a central role in K-12 education, the pre-K years have always been the domain of parents. There are numerous early childhood programs available, both public and private, from center-based child care to school-based settings with an academic focus.

Although states have increasingly become involved with pre-K initiatives, the federal government has largely refrained from inserting itself into the day-to-day operations of such programs. Of course, there is one notable exception. Since 1965, the federal government has been involved in early childhood education through the Head Start program, which includes early Head Start.

Head Start was created to serve disadvantaged children, recognizing that, when children start behind, they tend to stay behind. To help correct what we call the readiness gap between disadvantaged children and their higher income peers, the Head Start program combines comprehensive health and development services with an academic focus on pre-reading and pre-math skills. By emphasizing school readiness, the Head Start program is intended to narrow the readiness gap and avoid the achievement gaps that have plagued our nation's schools.

I think the federal government has been right to focus our resources on disadvantaged children and their families. Like it or not, we have to make choices with the federal budget. And when it comes to setting priorities for early childhood education, I think our priority should be those children who we know are at risk of falling behind.

The No Child Left Behind Act was about erasing achievement gaps between disadvantaged children and their peers, but we will never be able to accomplish that goal if children enter school already falling behind. I know President Obama has spoken a great deal about the importance of early childhood education, and I will look forward to hearing more of his ideas about what we can do in this area.

As I approach this debate, I will keep three guiding principles in mind. First, I believe that parents must remain in control of early childhood care and education. Second, I believe that we must retain our focus on low-income children. And finally, third, I believe we must be mindful of taxpayer resources.

In 2000, the Government Accountability Office issued a report on federal involvement in early care and education programs. The study found that, in fiscal year 1999, nine different federal agencies administered a total of 69 different federal programs that provided or supported early education and care for children under age five.

I mention this because I understand that there are proposals to create yet another federal early childhood program. In fact, we marked up a bill that would do exactly that during the last Con-

gress. I think it would be a real mistake to simply layer on an additional program, particularly when there are so many programs and so much is already being spent for the same purpose.

We have learned a lot in recent years, and we continue to learn more all the time, about how children's brains develop and how learning actually happens. It is an important area of study for both parents and policymakers, and I will look forward to continuing our work.

Thank you, Chairman Miller, and I yield back.

[The statement of Mr. McKeon follows:]

Prepared Statement of Hon. Howard P. "Buck" McKeon, Senior Republican Member, Committee on Education and Labor

Thank you Chairman Miller and good morning. We're here today to examine the importance of early childhood development, a topic that is getting a lot of attention these days, and rightly so.

A child's first years are among the most critical in laying the foundation for future learning. Cognitive development, social interaction, and so many other areas of early learning play an important role as a child prepares to enter school.

While governments have traditionally played a central role in K-12 education, the pre-K years have always been the domain of parents. There are numerous early childhood programs available, both public and private, from center-based child care to school-based settings with an academic focus. Although states have increasingly become involved with pre-K initiatives, the federal government has largely refrained from inserting itself into the day-to-day operation of such programs.

Of course, there is one notable exception. Since 1965, the federal government has been involved in early childhood education through the Head Start program, which includes Early Head Start.

Head Start was created to serve disadvantaged children, recognizing that when children start behind, they tend to stay behind. To help correct what we call the "readiness gap" between disadvantaged children and their higher-income peers, the Head Start program combines comprehensive health and development services with an academic focus on pre-reading and pre-math skills. By emphasizing school readiness, the Head Start program is intended to narrow the readiness gap and avoid the achievement gaps that have plagued our nation's schools.

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Thank you Chairman Miller, I yield back.

Chairman MILLER. Thank you very much.

Pursuant to Committee Rule 12, any member may submit an opening statement in writing, which will be made part of the permanent record.

Let me welcome you all to the committee, and thank you for taking your time to share your thoughts and your expertise with the members of the committee. And I would like to introduce our witnesses to the committee.

First is Ms. Helene Stebbins, who is President of HMS Policy Research, an early childhood policy and research firm specializing in the coordination of health education and care of children from birth through five. Ms. Stebbins has extensive experience working with state policymakers in the early learning issues.

She is a strong proponent of holistic approaches to ensuring early care, wellness and learning needs of our youngest and most vulnerable children are met. Since 2005, Ms. Stebbins has directed the National Center for Children In Poverty, Improving the Odds for Young Children project, providing a state-by-state picture of various policies for families and young children.

Ms. Harriet Meyer is widely recognized as a leader in developing and promoting promising early childhood programs. She has served as the President of the Ounce Of Prevention Fund since 1991. In 2003, the Governor of Illinois named Ms. Meyer co-chair of the Early Learning Council.

In this role, she helped win the passage of Preschool For All, historic legislation making Illinois the first state to offer quality preschool opportunity to all 3- and 4-year-olds, as well as a set-aside devoted to programs focusing on at-risk infants and toddlers. Ms. Meyer also served as a U.S. Department of Health and Human Services Advisory Committee that created this country's Early Head Start program.

Ms. Jessie Rasmussen has devoted her entire career to improving the outcomes of children and families. For over 20 years, she was an early childhood education teacher and administrator in a variety of environments, including the Head Start, the Jewish Community Center, the Munroe Meyer Rehabilitation Center in Omaha, Nebraska. Ms. Rasmussen spent the next 20 years in state government, first serving as the Nebraska State Senator, and then as a state Human Services director in both Nebraska and Iowa.

Ms. Rasmussen currently is vice president of the Buffett Early Childhood Fund, an important partner in early childhood initiatives in Nebraska.

Mr. Jim Redmon joined the Kansas Children's Cabinet and Trust Fund in 2003 and was appointed executive director in 2004. Under his direction, the Kansas Children's Cabinet and Trust Fund serves as a coordinating entity and a fiscal agent for several initiatives addressing health education and well-being of children across the state.

Mr. Redmon has a background in early childhood policy, fund development and organizational leadership evaluation and systems planning and child abuse prevention. He also has worked extensively at the community level, spending almost a decade working with young children and families in San Francisco before moving to Kansas.

Mr. Price, did you want to introduce Ms. Robinson?

Mr. PRICE. Thank you, Mr. Chairman.

It is my privilege to introduce Dr. Holly Robinson to our committee. She is our commissioner for Bright From The Start in the state of Georgia, Georgia's Department of Early Care and Learning, our school readiness program.

Dr. Robinson's resume is absolutely stellar, second to none. She has worked at the elementary level, the secondary level, community college, technical college level and university level in curriculum and instruction and in leadership. With her personal and professional philosophy of responsible stewardship and accountability, she bases decisions about departmental policies and programs on current research, best practices and data with truly remarkable results.

Her education includes a bachelor's from Old Dominion University, a master's from Villanova, and a Doctor of Education from Rutgers, all for which we in Georgia we forgive her. One of the privileges of my public service at the community level and at the state Senate level and now here in Washington has truly been to work with an individual of such remarkable accomplishment, and it is my honor to introduce her to the committee today, Dr. Holly Robinson.

Chairman MILLER. Thank you very much.

Don Soifer is the executive vice president of the Lexington Institute. Mr. Soifer has published research and articles on wide range of U.S. domestic public policy topics and runs the Institute's education program. Mr. Soifer was appointed in 2008 to serve on the District of Columbia's public charter school board. The Board is responsibility for oversight of 60 charter schools on over 90 campuses serving 26,000 students.

Welcome again to all of you. We are going to recognize you in the order in which you were introduced.

When you begin speaking, a green light will go on in those little mechanisms in front of you. And at about 4 minutes, a yellow light will go on, and you will have a minute left. But we want you to be able to wrap up your statements, but do it in a fashion that you feel is coherent to the points you are trying to make so that we don't want to just cut you off. But we do want to allow time for questioning.

Ms. Stebbins, welcome, and we look forward to your testimony.

**STATEMENT OF HELENE STEBBINS, PROJECT COORDINATOR,
NATIONAL CENTER ON CHILDREN IN POVERTY**

Ms. STEBBINS. Good morning, Chairman Miller and members of the committee, and thank you for the opportunity to testify today.

I am the project coordinator of Improving the Odds For Young Children, a project of the National Center for Children In Poverty at Columbia University. I also work for the Birth To Five Policy Alliance, which is a pooled private fund to improve state policies for vulnerable young children.

I am here today to talk to you about the state of state early childhood policies and to urge you to think comprehensively about the range of policy options that support early learning. Increasingly, policymakers understand that the foundation for learning

and healthy development is established between birth and age five. But too often, the response to this knowledge is narrow, focusing on only one program or funding stream.

My work seeks to raise the level of debate by offering a menu of policy options broken into three areas that young children need in order to become well-educated, self-sufficient adults. They need, first, regular visits to the doctor, even when they are healthy. Second, stimulating early learning opportunities, and third, stable, nurturing families who have enough resources and parenting skills to meet their children's needs.

Now, think about these three dimensions as three legs of a stool. Strong public policies in each of these areas are essential to balance the stool and provide a stable foundation for healthy development and learning.

In your briefing materials, you will find a copy of your state's early childhood profile. It looks something like this. We update these monthly, and the most recent profile can be downloaded from our website at NCCP.org. Each page of the profile represents one leg of the stool, with policy choices that promote access as well as quality.

If we look at the profiles collectively, we see a lot of wobbly stools for early childhood development. Let me give you a few examples.

First, the health leg of the stool. Forty-four states provide access to public health insurance for young children in low-income families. However, many of the children who are eligible for Medicaid are not receiving the dental and health screenings that are recommended by doctors and that can prevent or reduce costly problems in the future. In 45 states, one-third of eligible children ages three to five never receive an annual check-up.

Second leg—early learning. While access to state-funded pre-Kindergarten is growing, access to quality early care and education, from birth to school entry, is still inadequate. Child care licensing requirements are not promoting the kind of nurturing care that we know promotes school readiness. Only eight states meet recommended standards for toddlers, and only 15 meet them for 4-year-old children.

As the graph on page three of the profile shows, many young children eligible for enrollment in the major early childhood programs cannot access them, and access for infants and toddlers is especially limited. For example, a program like Early Head Start, with rigorous evaluations showing its effectiveness, serves less than 3 percent of the eligible population.

Third leg—parents. State efforts to promote family economic security are uneven. About half of the states raise the minimum wage and half exempt families from poverty from state income taxes. Most low income working parents are not eligible for public health insurance, and only six states provide paid family leave so mothers can stay home with their newborn and establish that strong nurturing relationship.

If we expect parents to be their children's first and best teachers, then we have to provide the economic and parenting supports that allow them to do so.

There are many choices that can help balance the three-legged stool of early childhood policy. My work focuses on state policies,

but federal resource allocations and regulations shape many of these policies. My work shows the tremendous variation in the policy choices that states make, but federal policies can help level the playing field so children have access to quality supports and services regardless of where they are born.

Today, we have a window of opportunity for federal leadership to stabilize and strengthen the three-legged stool as a result of the reauthorization of SCHIP, the additional funding in the Recovery Act, and the potential for early learning challenge grants. As you consider the federal role, please remember that learning begins at birth, that 1 year of pre-Kindergarten is not enough, and that vulnerable children have the most to gain from public policies that support their early development.

Let me close by saying it is time to stop debating the importance of the early childhood years. Neuroscience research shows that the brain develops at an unprecedented pace during the first year of life. Social science research shows children who experience high quality, nurturing environments starting at birth are better prepared to succeed when they enter school, and economic analyses show positive returns in investments from early intervention programs, especially those that target the most vulnerable children.

The research is solid. Let us stop debating this and start debating the policy response.

Thank you.

[The statement of Ms. Stebbins follows:]

Prepared Statement of Helene Stebbins, Project Coordinator, National Center on Children in Poverty

Good morning Chairman Miller and members of the Committee. Thank you for the invitation to testify today. I am the project coordinator of Improving the Odds for Young Children, a project of the National Center for Children in Poverty at Columbia University. I also work with the Birth to Five Policy Alliance, a pooled fund from seven private investors to improve state policies for vulnerable children in the earliest years.

I am here today to talk to you about the state of state early childhood policies, and to urge you to think comprehensively about the range of policy options that support early learning. To thrive, young children need regular visits to the doctor even when they are healthy; they need stimulating early learning opportunities; and they need stable, nurturing families who have enough resources and parenting skill to meet their basic needs. These are the ingredients that put young children on a pathway to success.

Early childhood policy that is informed by research improves the odds that young children will in fact have good health, positive early learning experiences, and strong, nurturing families to get them off to the right start. State policy choices are especially important to low-income families whose young children lack access to the kinds of supports and opportunities that their more affluent peers receive. In a nutshell, focusing on state policy choices that support early childhood development matters because:

1. Compelling research supports the lifelong importance of early childhood development. Both brain science and developmental research show that the quality of the earliest relationships and experiences set the stage for school success, health, and future workforce productivity. These experiences shape the hard wiring of the brain, which in turn sets the stage for how children approach life, how they learn, how they manage emotions, and how they relate to others. Once brain circuits are built, it is hard to change behavior. Thus, these early experiences set the stage for future development.¹

2. There is hard economic evidence that smart investments in early childhood yield long-term gains. More than 20 years of data on small and large-scale early intervention programs show that low-income young children attending high-quality programs are more likely to stay in school, more likely to go to college, and more likely to become successful, independent adults. They are less likely to need remedi-

ation, be arrested, or commit violent crimes. The return on investment of ensuring that young children and their caregivers have access not only to health care, but to mental health care when needed, also shows reduced health care costs when the children become adults.²

3. Without support, low-income families cannot provide the basic necessities that their young children need to thrive. The official poverty level in 2009 is \$18,310 for a family of three,³ but research shows that it takes twice this amount to provide basic necessities, and in many places it costs even more.⁴ To earn twice the poverty level (\$36, 620), a single parent with two children working 35 hours per week would have to earn almost \$20.00 an hour, which is more than three times the federal minimum wage. Nationally, 10 million children under the age of 6 (43 percent) live in families earning twice the poverty level or less. The younger the children, the more likely they are to be in poverty, and poverty is directly related to poor health and education outcomes.

- **Health.** Poor and low-income children are less likely than their more affluent peers to have visited a doctor or a dentist in the last year. The number of risk factors they experience as children are directly related to early morbidity, cardiac conditions, substance abuse, smoking, and other behaviors that have high-cost implications for health care when they become adults.⁵

- **Education.** The achievement gap begins long before school starts, and continues, absent intentional interventions. At age 4, poor children are 18 months behind their more affluent peers (on average), and the gap is still present at age 10.⁶ By third grade, children from middle-class families know about 12,000 words; children in low-income families only about 4,000 words.⁷

Increasingly, policymakers understand the research showing that the foundation for learning and healthy development is established between birth and age five. But too often the policy response to this knowledge is narrow, focusing on only one program or funding stream. Improving the Odds for Young Children seeks to raise the level of the debate by offering a menu of policy options, organized by a framework that promotes three dimensions of development: health, education, and family economic security.

Think about these three dimensions as three legs of a stool. Strong public policies in each of these areas are essential to balance the stool and provide a stable foundation for healthy development and learning. If we look at the policy profiles collectively, we see a lot of wobbly stools for young children.

[State specific profiles showing each state's policy choices are available on the NCCP web site at: <http://www.nccp.org/profiles/early-childhood.html>. A complete list of data sources appear on pages 5-6 of the profiles.]

Health and Nutrition

Healthy development begins long before a baby is born with the health of the mother before and during pregnancy. After birth, children's developmental needs change as they grow. Early identification of risks and delays happens more often when children have regular access to a primary care medical home. Hunger, a vision or hearing impairment, or maternal depression can inhibit early childhood development, but most of these threats can be resolved with early identification and access to appropriate services. The American Academy of Pediatrics recommends healthy children visit the doctor 10 times before their second birthday, and most children will require additional visits as their immune systems develop.

Improving the Odds for Young Children finds that:

- 86 percent of states provide access to public health insurance for young children in low-income families. It takes at least twice the poverty level for a family to ensure that young children have access to even basic necessities, and 44 states meet the 200 percent of poverty threshold for access to Medicaid or the State Children's Health Insurance Program (CHIP).

- Many children who are eligible for Medicaid are not receiving the dental and health screenings that are consistent with pediatric practice and can prevent or reduce future problems. To encourage outreach to children who are eligible for Medicaid, the federal government sets a benchmark of 80 percent of enrolled children receiving at least one health screen each year. Seven states—Connecticut, Delaware, District of Columbia, Iowa, Maine, Massachusetts, and Rhode Island—report that more than 80 percent of 1- and 2-year-olds receive at least one screening. Arkansas has the lowest screening rate for infants and toddlers: 36 percent. For children ages 3-5, only Delaware, District of Columbia, Iowa, and Massachusetts meet the 80 percent benchmark, and Nevada has the lowest rate: 32 percent.

- Few states allow children who are at-risk for developmental delays to receive early intervention services. States define who is eligible to receive early intervention services that are funded, in part, through the federal Individuals with Disabilities

Education Act—IDEA (Part C). Only six states choose to include children who are at-risk for developmental delays in their eligibility definition.

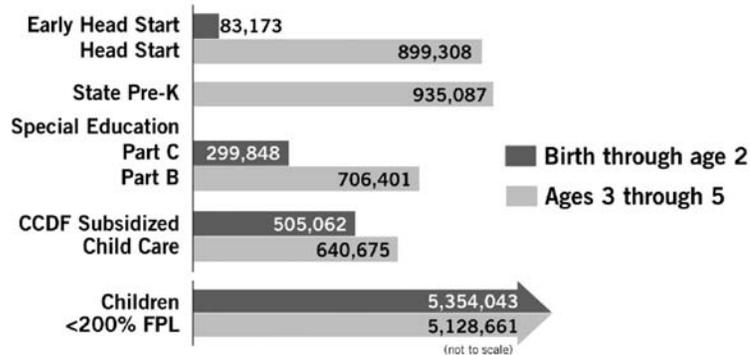
- Few states allow Medicaid reimbursement for the use of an age-appropriate tool to diagnosis mental health problems. The Diagnostic Classification of Mental Health and Other Developmental Disorders in Infancy and Early Childhood (DC:0-3) allows for developmentally appropriate screening and assessments of mental health disorders in children from birth to age 3. Only four states, Florida, Maine, Minnesota, and Nevada permit the use of DC:0-3 when seeking Medicaid reimbursement.

Early Care and Education

State policies to promote early care and education include those that promote access to quality child care and/or state prekindergarten programs. Researchers and economists agree that high-quality early care and education programs can improve the odds of success for low-income children. But to benefit, young children have to be in high-quality early education settings that meet the needs of working parents. Quality early education programs are expensive and out of reach for many families. Full-day child care for one child can cost \$10,000 or more per year,⁸ which is a substantial cost when half of all families with children under age 6 earn below \$45,500.⁹

Improving the Odds for Young Children finds that:

- 43 states (including the District of Columbia) recognize that learning starts before kindergarten by funding a state prekindergarten program (pre-k) or Head Start. But there is significant variation in state investments. In 2007, New Jersey invested \$477 million to serve 20 percent of 3- and 4-year-olds at \$10,494 per child enrolled. Nevada invested 3 million to serve 1.5 percent of 3- and 4-year olds at \$3,322 per child enrolled.
- Access to child care is still inadequate, especially for low-income children. Only 21 states provide access to child care subsidies for all families earning 200 percent of the federal poverty level, and income eligibility limits for a family of three range from 117 percent of poverty in Nebraska to 232 percent in Maine. Access to a child care subsidy does not guarantee a subsidy, and ten of these 21 states keep a waiting list because funds are insufficient to serve eligible families. Only Rhode Island makes child care subsidy an entitlement for eligible families.
- Access to services that support the healthy development of infants and toddlers is very limited. From birth through age 2, children are less likely to have access to early childhood programs than children ages 3 through 5. (See graphic.) While it is currently impossible to aggregate the number of children enrolled in early childhood development programs (children are enrolled in multiple programs so the aggregate overstates the number of actual children), it is still obvious that most low-income children are not enrolled in any of the major early childhood programs.



Eligibility criteria vary by program. Children enrolled in multiple programs are counted in each program, so numbers cannot be added together. The numbers of low-income children are included to give a sense of scale and provide a context for access information. Head Start numbers reflect actual enrollment, and child care subsidies funded from sources other than the Child Care and Development Fund are not included in this total.

© National Center for Children in Poverty, United States Early Childhood Profile.

For data sources, see <www.nccp.org/projects/improvingtheodds_stateprofiles.html>.

- State child care licensing requirements are not promoting nurturing, high-quality care. Although almost half the states (23) have child care licensing standards that require infants and toddlers to be assigned a consistent primary care provider,

only eight states meet recommended standards* for staff/child ratios and maximum class sizes so that child care providers can provide the nurturing care that infants and toddlers need. In Arkansas, Mississippi, and Texas, state child care licensing laws allow one person to take care of as many as nine children who are 18 months old. Licensing standards for older children are not much better. Just over a quarter (15) of the states meet the recommended licensing standards for 4-year-old children in child care. Florida allows one adult for every 20 4-year-olds, and there is no limit on the maximum class size.

Parenting and Economic Supports

Helping parents helps young children. To the extent that policies protect the health of parents, ensure that parents have adequate material resources, and promote healthy parent-child relationships starting at birth, they increase the odds of healthy development and early school success for young children. There are three types of policies that can be especially helpful:

1. Policies that reduce economic hardship. A combination of minimum wage increases, tax policies, and adequate access to benefits that allow parents to work will increase family resources.

2. Policies that provide treatment for health and mental health conditions. Low-income adults are disproportionately in poor health, and disproportionately experience conditions like depression that impair their ability to parent effectively. These are treatable conditions, but too many low-income parents have no health insurance.

3. Policies that protect time for parents to bond with their babies. The quality of an infant's early relationships lays the foundation for future growth and development. State policies can strengthen this foundation by making it economically possible for parents to take time off from work.

Improving the Odds for Young Children finds that:

- Almost half the states (24) are reducing economic hardship by setting the minimum wage above the federal minimum of \$6.55 per hour, and 5 states exceed \$8.00 per hour.

- State efforts to implement tax policies that can promote family economic security are uneven. In 15 of the 42 states that taxed family income in 2006, a family of three is not exempt from personal income tax when family income is below the poverty level. California exempts a single-parent family earning up to \$42,400, or 255 percent of the poverty level, while Alabama taxes the same family earning as little as \$4,600, or 28 percent of poverty. Twenty states reduce the tax burden on low-income working families through a state earned income tax credit (EITC), but only 15 make it refundable when families have no tax burden. The credit ranges from 5 percent of the federal EITC in three states, to more than 40 percent in two states: Minnesota and Wisconsin.

- In most states, low-income children and pregnant women have access to public health insurance but parents do not. 86 percent of states (44) set income eligibility at or above 200 percent of poverty for pregnant women and young children, but only 12 states cover parents at 200 percent of poverty. More than half of states set income eligibility below 100 percent of poverty for working parents.

- Few parents, and even fewer low-income parents, can afford to stay home with their newborn and establish a strong relationship. Only six states provide paid medical/maternity leave, and most states only provide it to mothers who give birth through a temporary disability insurance policy. Only California and New Jersey offers it to all working parents after a birth or adoption. Just over half of the states (27) exempt single parents receiving public assistance (Temporary Assistance for Needy Families—TANF) from work requirements until the youngest child reaches age 1, while just under one-half of the states (24) reduce the TANF work requirements for single parents with children under age 6.

There are many choices that can help balance the three-legged stool of early childhood policy. Improving the Odds for Young Children focuses on state policy choices, but federal resource allocations and regulations shape many of these choices. Improving the Odds shows the tremendous variation in the policy choices that states make, and federal policies can help level the playing field so children have access to quality supports and services regardless of where they are born.

*American Academy of Pediatrics, American Public Health Association, National Research Center for Health and Safety in Child Care, National Research Council, and National Association for the Education of Young Children make different recommendations on ratios and class size, but they generally do not exceed one adult for every four 18-month-olds and a maximum class size of eight, and a ratio of one adult for every 10 4-year-olds and a maximum class size of 20.

We have a window of opportunity for federal leadership to stabilize and strengthen the three-legged stool with the reauthorization of SCHIP, the additional funding for early childhood programs in the Recovery Act, and the potential for early learning challenge grants. As you consider the federal role, please remember that learning begins at birth, that one year of pre-kindergarten is not enough, and that vulnerable children have the most to gain from public policies that support their early development.

It is time to stop debating the importance of the early childhood years.

- Neuroscience research shows the brain develops at an unprecedented pace during the first year of life.
- Social science research shows children who experience high-quality, nurturing environments, starting at birth, are better prepared to succeed when they enter school.
- And economic analyses show positive returns on investments from early intervention programs, especially those that target the most vulnerable children.

The research is solid. Let us stop debating this and start debating the policy response.

ADDITIONAL RESOURCES

PowerPoint Presentation on the Research Case for Investing in Early Childhood Policies: <http://www.nccp.org/downloads/ResearchCaseSept08.pdf>
 User Guide to the NCCP State Early Childhood Profiles: <http://www.nccp.org/profiles/pdf/EC—user—guide.pdf>
 Birth to Five Policy Alliance: <http://www.birthtofivepolicy.org>

ENDNOTES

¹For more information on the neuroscience of early childhood development, go to www.developingchild.net.

²For more information on the economic benefits of early childhood development, see the Bibliography on Human Capital, Economic Growth, and Fiscal Sustainability from the Invest in Kids Working Group at www.ced.org/projects/kids.php.

³These numbers are from the federal poverty guidelines issued annually by the U.S. Department of Health and Human Services. For more information, see aspe.hhs.gov/poverty/07poverty.shtml.

⁴National Center for Children in Poverty Family Resource Simulator; and Berstein, J.; Brocht, C.; & Spade-Aguilar, M. (2000). How much is enough? Basic family budgets for working families. Washington, DC: Economic Policy Institute.

⁵Fellitti, V. J.; Anda, R. F.; Nordenberg, D.; et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14(4), 245-258.

⁶Layzer, J. (in press). Project Upgrade in Miami-Dade County, Florida. Cambridge, MA: Abt Associates.

⁷Snow, C. (2005). From literacy to learning: An interview with Catherine Snow. *Harvard Education Letter*, July/August, www.edletter.org/past/issues/2005-ja/snow.shtml.

⁸Kinch, A. F. & Schweinhart, L. J. (2004). Achieving high-quality child care: How ten programs deliver excellence parents can afford. Washington, DC: National Association for the Education of Young Children (NAEYC).

⁹American Community Survey, 2004.

Chairman MILLER. Thank you very much.
 Ms. Meyer?

STATEMENT OF HARRIET MEYER, CO-CHAIR, ILLINOIS EARLY LEARNING COUNCIL

Ms. MEYER. Thank you. Good morning, Mr. Chairman, and to all the members of the committee. I am Harriet Meyer, president of the Ounce Of Prevention Fund and co-chair of the Illinois Early Learning Council.

Let me begin by thanking you for your historic investments in early childhood that you have made recently, and for the opportunity to speak with you today. This funding will truly help states both improve their economies now while investing in the future of at-risk young children.

Know that this is no longer a cliché. Investment in intervention during the earliest years does indeed change education and life outcomes for these children.

The Ounce Of Prevention was founded 25 years ago by a businessman and philanthropist, Irving Harris. Irving was far ahead of his time, talking about brain development, the importance of early childhood and its later impact on educational outcomes. And he shared this understanding with everyone, businessmen and legislators, including a state Senator from Illinois who would eventually become the President of the United States.

Research tells us that the achievement gap is measurable and apparent by 18 months. We know that verbal skills, language, are essential to success in school.

But at age four, children in poverty know only a fraction of the words that middle class children know. And we know that the differences between these two groups remain unchanged. They are unchanged at age five, age 12 and beyond.

Many poor children suffer from chaotic, stressful environments without the attention and stimulation that they need to develop. At 18 months, a child in a low-income family hears about 3 million words a year, while a child in a higher income family hears 11 million words. That difference translates to a gap of over 30 million words by age four.

And it is not just the quantity of the words that matters, but the quality of the language and the interactions behind each word that define a child's ability to communicate when he or she enters school.

Think about what it is you hear when you are at a grocery store as you watch a mother navigate the aisle with her toddler. It is a full-blown discussion about the quality of the cereal, whether Cheerios are healthy, or what it is they should eat or whether or not the child should be touching the cereal boxes.

Middle class parents narrate their day. We need to make sure that all parents are able to do the same. This means that we need to bridge the opportunity gap well before a child ever enters preschool if we are serious about ever improving high school graduation rates.

Poor children start Kindergarten without the social, emotional and academic preparation needed to take full advantage of what school has to offer. They are forced into a cruel game of catch-up that few will ever win.

So what are we doing in Illinois about this? Based on a blueprint created by the Illinois Early Learning Council, legislators enacted Preschool For All. Our guiding principles were to make quality voluntary preschool progressively available to all 3- and 4-year-olds with a priority for those most at risk of school failure first.

However, like the federal Head Start program and Early Head Start program, we insisted from the beginning on expanding birth to three programs for at-risk infants and toddlers at the same time as we grew preschool programming.

Preschool For All is unique in this country because it builds on existing programs in our state, not developing a new one. These programs range from nonprofit and for-profit child care centers in homes to school and community-based pre-K to Head Start and

Early Head Start centers to home visitation programs with always an over-riding focus on setting high standards of quality and helping programs to meet them.

Our standards require BA-level certified early childhood teachers and on-going professional development. Small group sizes and high teacher-to-child ratios ensure that teachers can attend to the individual needs of children.

Curricula aligned with the Illinois Early Learning Standards are required to help children enter Kindergarten well prepared. Teams of monitors and on-site consultants ensure that program standards are met, and staff regularly communicate with parents about each child's progress and documents families' involvement in a wide range of parent education activities.

In Illinois, close to 100,000 preschoolers and 16,000 vulnerable infants and toddlers are currently benefiting from these standards in this program. And we sustain these programs through deep investments in things which we know achieve quality. Some of these things that this funding supports include scholarships to help teachers obtain credentials and on-going training.

The Illinois State Board of Education has allocated over \$1 billion to the Erickson Institute in Chicago to evaluate results and identify trends. And Preschool For All pays for certified teachers in all of our infant-toddler classrooms.

We have a program in Chicago called Educare. It is funded by our state program and the funding streams, and it is a state-of-the-art full-day, full-year school serving 150 at-risk children from birth to five. And we have seen significant improvements in vocabulary, early literacy and school readiness. By comparison, most of the nation's low-income at-risk children begin school well below average on readiness measures.

But all of this costs more in the short-term, but quality of service is what it takes to get long-term results. It is the only way we will ever get our poorest children scoring at the national average. We know how hard it is to catch children up if we rely on remediation after they enter our formal school system.

Most importantly, though, we will know, if we succeed, that we will have achieved success when children enter school with a love of learning, parents advocating on their behalf, and the skills that they will need to succeed in life.

Thank you.

[The statement of Ms. Meyer follows:]

Prepared Statement of Harriet Meyer, Ounce of Prevention Fund

Good morning, I am Harriet Meyer, President of the Ounce of Prevention Fund and Co-Chair of the Illinois Early Learning Council. Let me begin by thanking you for the historic investments Congress has made in the American Recovery and Reinvestment Act, and for the opportunity to speak with you today. This funding will truly help states both improve their economies now while investing in the futures of young, at-risk children. This is no longer a cliché. Investment and intervention during the earliest years does indeed change education and life outcomes.

The Ounce was founded 25 years ago by the businessman and philanthropist Irving Harris. Irving was far ahead of his time in his talking about brain development, the importance of very early childhood, and its later impact on educational outcomes. He shared this understanding with businessmen and legislators, including a State senator who eventually became the President.

Research tells us that the achievement gap is measurable and apparent by 18 months. We know that verbal skills are essential to success in school, but at age

4, children in poverty know a fraction of the words that middle-class children do. We know that the differences between these groups are unchanged at age 5, age 12, and beyond. Many poor children suffer from chaotic, stressful environments without the attention and stimulation they need to develop. At 18 months, a child in a low-income family hears about 3 million words a year while a child in a higher income family hears 11 million. That difference translates to a gap of over 30 million words by age 4.

And it is not just the quantity but the quality of the language and the interactions behind each word that define a child's ability to communicate when he enters school. Think about what you hear in the grocery store as you watch a mother navigate the aisle with her toddler. It is a full-blown discussion about what kind of cereal to buy and whether it is healthy. Middle class parents narrate their day. We need to help all parents to do the same. This means we need to bridge the opportunity gap well before a child enters preschool if we are serious about ever improving high school graduation rates. Too often, children start kindergarten without the social and emotional skills and academic preparation needed to take full advantage of what school has to offer. They are forced into a cruel game of catch-up that few will win.

So what are we doing in Illinois to close the achievement gap?

Based on a blueprint created by the Illinois Early Learning Council, legislators enacted Preschool For All. Our guiding principles were to make high quality, voluntary preschool progressively available to all 3 and 4-year-olds, with priority for those most at risk of school failure. Like the Federal Early Head Start program, we began at birth by expanding birth to three programs for at-risk infants and toddlers at the same time we grew preschool programming. Demand has been so strong for birth to three programs, that we are looking to increase the amount this year. Preschool for All is unique because it builds on existing programs. Those programs range from non-profit and for-profit child care centers and homes, to school and community-based PreK, to Head Start and Early Head Start centers, to home visitation programs with an overriding focus on setting high standards of quality and helping programs to meet them.

The Council set forth research-backed recommendations. Our standards require BA-level certified early childhood teachers and ongoing professional development in all settings for all age groups. Small group sizes and high teacher-to-child ratios ensure that teachers can attend to the needs of each child. Curricula aligned with the Illinois Early Learning Standards are required to help children enter kindergarten well prepared to learn. Teams of monitors and on-site consultants ensure that program standards are met. Staff regularly communicates with parents about each child's progress and documents families' involvement in a wide range of parent education activities. In Illinois, close to 100,000 preschoolers and 16,000 vulnerable infants and toddlers are currently benefiting from these standards.

We sustain these programs through deep investments in things that we know achieve quality. Funding supports scholarships to help teachers obtain credentials and ongoing training and consultation. The Illinois State Board of Education has allocated over \$1 million for the Erikson Institute of Chicago to evaluate results and identify trends to guide future policy decisions and make program corrections. Preschool for All funds pay for certified teachers in infant-toddler and preschool classrooms. At Educare of Chicago—a state-of-the-art full day and full year program serving 150 at-risk children from birth to five—students are achieving significant improvements in vocabulary, early literacy, and school readiness skills, bringing them closer to their more-advantaged peers. By comparison, most of the nation's low-income, at-risk children begin school well below average on readiness measures.

All of this costs more in the short term, but quality of service is what it takes to get long-term results. It is the only way we will ever get our poorest children scoring at the national average. We already know how hard it is to catch children up if we rely on remediation after they enter our formal education system.

Preschool for All is an ambitious undertaking. We have not yet fully implemented all of the Early Learning Council's recommendations. We need better information systems to monitor and improve programs. We need increased funding for family support workers who partner with parents—especially those who are from linguistic and culturally diverse backgrounds or have children with special needs—to access health and social services and make successful transitions from home or child care to preschool and to elementary school. Lastly, we must create an integrated early childhood system that offers families with very young children better access to the highest quality services and supports.

The time for early childhood investments is now. Every other industrialized country supports families in an intentional way so families can do what they are meant to do: raise children to be productive, educated, tax-paying members of our society.

The truth is that many education reforms fail. Our civic institutions and workplaces need the participation and productivity of all our nation's children. We know how to do this. The research is clear and models have been created. Many need only be tweaked to improve and start producing real results. Programs not meeting our national commitment must be jettisoned.

We are getting closer to setting a new direction for the next generation by increasing investments in early learning. We will know we've achieved success when:

- All children, especially those most at risk, have access to high-quality early education programs beginning at birth
- Families can choose from a range of options that best support their role as a child's first and most important teacher
- Only the best teachers and caregivers are educating and nurturing young children
- Sustained funding for research-based early education is recognized as a vital part of our nation's education system

Most importantly, we'll know we've achieved success when children enter school with a love of learning and the skills they need to succeed.

[Additional submissions of Ms. Meyer follow:]

APPENDIX 1

The Mission

Reach Out and Read makes literacy promotion a standard part of pediatric primary care, so that children grow up with books and a love of reading.

Reach Out and Read trains doctors and nurses to advise parents about the importance of reading aloud and to give books to children at pediatric checkups from 6 months to 5 years of age, with a special focus on children growing up in poverty. By building on the unique relationship between parents and medical providers, Reach Out and Read helps families and communities encourage early literacy skills so children enter school prepared for success in reading.

The Reach Out and Read (ROR) Model

- In the exam room, doctors and nurses trained in the developmental strategies of early literacy encourage parents to read aloud to their young children, and offer age-appropriate tips.
- The pediatric primary care provider gives every child between the ages of 6 months and 5 years a new, developmentally-appropriate children's book to take home and keep.
- In the waiting room, displays, information, and gently-used books create a literacy-rich environment. Where possible, volunteer readers entertain the children, modeling for the parents the pleasures—and techniques—of reading aloud.

The Impact as of September 2008

- ROR programs are located in more than 4,121 hospitals and health centers in 50 states, the District of Columbia, Guam, Puerto Rico, and the United States Virgin Islands.
- More than 3.5 million children participate in ROR annually.
- More than 5.7 million new, developmentally-appropriate books are given to families annually.
- More than 50,000 physicians and nurses have been trained in the ROR strategies of early literacy guidance.

The Challenge

- 35% of American children entering kindergarten today lack the basic language skills they will need to learn to read.
- Children who live in print-rich environments and who are read to during the first years of life are much more likely to learn to read on schedule.
- Fewer than half of parents (48%) in the United States read to their young children daily.
- Parents of children living in poverty may lack the money to buy books, may not have easy access to good children's books, and may not themselves have been read to as children, with the result that millions of children are growing up without books.

The Reach Out and Read National Center

- ROR is a national, nonprofit organization founded in 1989 at Boston City Hospital (now Boston Medical Center), through a collaboration of pediatricians and early childhood educators.

- Through both public and private funding, the ROR National Center provides start-up and sustainability funding for books, as well as training and technical assistance, to ROR programs nationwide.
 - ROR is affiliated with the Department of Pediatrics, Boston Medical Center, Boston University School of Medicine.
 - ROR is endorsed by the American Academy of Pediatrics.
- For more information, contact the Reach Out and Read National Center

THE FOLLOWING STUDIES HAVE BEEN PUBLISHED IN PEER-REVIEWED, SCIENTIFIC JOURNALS

Study	N*	Main findings
Needman 19911 Boston, MA	79	Among parents in a primary care waiting room, those who had been given books and guidance were four times more likely to report reading aloud or doing it in the last 24 hours.
High 19982 Providence, RI	151	Comparing parents in clinic before ROR was instituted, versus after, there was approximately four times increase in literacy orientation (reading aloud as a favorite activity, or as a regular bedtime activity, or reading aloud more than 3x/week) in the “after” group.
Golova 19983 Providence, RI	135	In this study, families were randomly chosen to receive books and guidance, or usual care. After 10 weeks, parents were surveyed. There was a ten times increase in parents reading aloud 3 nights/week, and large, statistically-significant increases in “favorite activity” and other measures.
High 20004 Providence, RI	205	A group of parents randomly chosen to get ROR guidance and books had significantly higher literacy orientation (as defined above), compared to a control group that got usual care. Among children 18 months and older, there were also significant increases in language scores using a modified standard language assessment, both for speaking and understanding. Language development is crucial for successful reading acquisition.
Sanders 20005 Palo Alto, CA	122	Among Spanish speaking, immigrant families, those who had been exposed to ROR reported a doubling in the rate of frequent book sharing, defined as reading aloud 3 or more days per week.
Jones 20006 Louisville	352	Parents given books and guidance were twice as likely to report reading aloud as a favorite activity, and rated the pediatrician as significantly more “helpful” than did a comparison group of parents.
Mendelsohn 20017 NYC	122	One urban clinic had ROR for three years; another which was similar in all other respects, did not have ROR in place. Reading aloud by parents, and children’s book ownership were significantly higher in the ROR clinic. What’s more, scores on standardized vocabulary test were significantly higher in the ROR clinic—8.6 points higher for receptive language (understanding words) and 4.3 points higher for expressive (picture naming), both large, meaningful effects.
Sharif 20028 NYC	200	Comparison between two similar clinics in the South Bronx, one with ROR for 3 years, one with ROR for 3 months; otherwise, very similar. Receptive vocabulary (One-Word Picture Vocabulary Tests) was higher (average 81.5 versus 74.3) at the ROR site; parents scored higher on the STIQ reading section (more frequent reading aloud, more book ownership) and on the Literacy Orientation questions (book as favorite activity, and bedtime activity).
Silverstein 20029 Seattle, WA	180	This study sought to determine ROR’s effectiveness among non-English speaking families in a Seattle pediatrics clinic, with patient families of East African and Southeast Asian origin. Using a pre-/post-design, the study showed improved self-reports of home reading attitudes and practices among both English and non-English speaking families given English language books as part of ROR.
Weitzman 200410 New Haven, CT	137	Families with children 18-30 months were studied with waiting room interviews and home visits to determine the effect of ROR on a Child Home Literacy Index and on the HOME measure of the home environment; after adjusting for multiple confounders, ROR was found to contribute positively to a child’s home literacy environment; more frequent ROR encounters had a greater impact.

THE FOLLOWING STUDIES HAVE BEEN PUBLISHED IN PEER-REVIEWED, SCIENTIFIC JOURNALS—
Continued

Study	N*	Main findings
Needlman 200511 Cleveland, OH	1647	In a national sample of parents of children age 6-72 months, implementation of ROR programs was associated with increased parental support for reading aloud. The study provides multi-site evidence, from 19 clinical sites in 10 states, of the effectiveness of a primary care intervention strategy to promote reading aloud to young children.

*N=Number of subjects enrolled.

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For more information, contact the Reach Out and Read National Center by phone at 617-455-0600, email at info@reachoutandread.org, or by writing to us at 56 Roland Street, Suite 100D, Boston, MA 02129. Visit our web site: www.reachoutandread.org

Reach Out and Read[®]

Doctors Promoting Childhood Literacy Since 1989



Reach
Out and
Read[®]



- nationwide leader in early literacy
- evidence-based, cost-effective model
- true public-private partnership



Reach Out and Read®: Making Books Part of a Healthy Childhood

Reach Out and Read (ROR) was developed by pediatricians and early childhood educators to make literacy a part of routine pediatric care so that children enter school ready to learn. Exposure to books and reading in the first years of life increases the probability of both healthy child development and school success.

ROR is the model of a successful public-private partnership and has changed the way that tens of thousands of primary care physicians practice medicine. By encouraging parents to read aloud, ROR doctors and nurses expand their practice and responsibilities to make a positive difference in children's developmental skills and consequently in the nation's economic health.



The Problem: One-Third of Children Enter School Unprepared to Learn

35% of American children entering kindergarten today lack the basic language skills they will need to learn to read. And children living in poverty are especially at risk. Children who start out with reading difficulties are more likely to remain poor readers and ultimately fail in school. Without intervention, they will grow into adults with low literacy skills and poor economic potential. Since 20% of U.S. workers are functionally illiterate, this problem is not only a tragedy for each individual; it also has a significant effect on the ability of the United States to compete in the global economy.

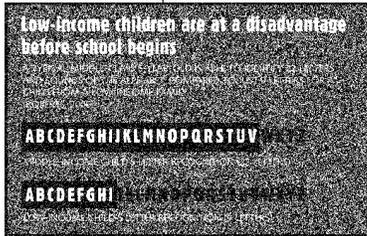
The Science: Early Interactions and Language Exposure are Critical

Early language skills, the foundation for reading ability, are based primarily on language exposure – resulting from parents and other adults talking to young children. Research shows that the more words parents use when speaking to an 8-month-old infant, the greater the size of their child’s vocabulary at age 3. Recent studies, including the landmark Hart-Risley study on language development, show that children from low-income families hear as many as 20 million fewer words

than their more affluent peers before the age of 4. The problem is compounded further by the fact that low-income children are far more likely to not have any children’s books in their homes.

School reform, including universal pre-kindergarten, is vital, but far too much time is lost before children enter the classroom. Intervening early to improve the home learning environment for disadvantaged children will ensure that they are ready to learn when they enter school and succeed later in life. In fact, Nobel Prize-winning economist James J. Heckman found that economic returns on dollars invested in

early education are as high as 15-17% per year – higher than other traditional economic development strategies.

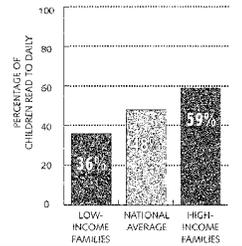


The Solution: Parents Reading Aloud

The clear solution is for all adults to speak to young children as an everyday nurturing activity. Research shows that words heard on television and radio programs do not have the same impact as live, spoken conversation. The reason is simple: children want to learn language in order to communicate with the people who mean the most to them: their parents. Of all parent-child activities, reading aloud provides the richest exposure to language. **Unfortunately, fewer than half of young American children are read to daily.**

Too Few Parents are Reading to Their Children

Percentage of Children Age 0-5 Read to Daily, by Family Income
(NATIONAL SURVEY OF CHILDREN'S HEALTH, 2003)



Reading aloud is not only one of the best activities to stimulate language and cognitive skills; it also builds motivation, curiosity, and memory. Giving parents the information and the tools – beautiful, appealing children's books – to make reading aloud a daily activity enables parents to better prepare their children to succeed in school.

The Opportunity: Reach Out and Read

For two decades, through the Reach Out and Read program, doctors and nurses have gone beyond traditional medical care and provided parents with information on how to read to children at each developmental stage. Along with this advice, doctors give each young patient a developmentally- and culturally-appropriate book to take home, to encourage parents to make reading aloud a routine activity.

The Impact: Evidence-Based Intervention in Early Childhood

Research findings from 11 published, peer-reviewed studies clearly demonstrate that Reach Out and Read is effective. Compared to families who have not participated in the program, parents who have received the ROR intervention are significantly more likely to read to their children and have more children's books in the home. And, children served by the ROR program score significantly higher on vocabulary tests. For a 2-year-old child, this increase represents an approximate six-month developmental gain. **No other early literacy intervention has this kind of evidence base or impact.**

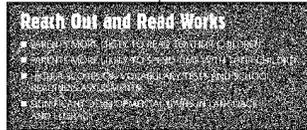


The Cost: \$40.00 Per Child for a Lifetime of Learning

Since all Reach Out and Read doctors and nurses volunteer the time they spend on early literacy, the primary cost of ROR is the actual children's books. That enables ROR to offer its full five-year program for a total cost of just \$40.00 per child. Every child in the program enters kindergarten with a home library of at least 10 books, as well as parents who understand the great importance of reading aloud.

Why is Reach Out and Read so effective and inexpensive?

- **A trusted messenger:** Parents trust and value the advice they receive from their child's physician. ROR is unique in using a trusted authority figure, in the special setting of the medical visit, to promote a child's learning.
- **Broad scope and reach:** Participating medical providers offer the ROR program to all children between 6 months and 5 years of age at each regular checkup.
- **Hope for educational success:** ROR explicitly ties reading aloud to later school success; this strategy matches the aspiration that parents have for their children.
- **Positive reinforcement:** By age 1, if there are books at home, children will "demand" to hear them read aloud. The positive, loving attention children receive during story time motivates them to initiate the interaction again and again.
- **Stretching every dollar:** Deep discounts from publishers, as well as an innovative bulk-purchasing program, enable ROR to buy more than twice as many books as it could at standard retail pricing.



The Policy Response: Strong Public-Private Support for ROR

Reach Out and Read is the only pediatric literacy organization in the nation. The program's \$22 million annual budget is supported by the public sector -- including the federal government and 14 states, by corporations and foundations, and by individual donors. This public-private partnership was created by, and continues to be fueled by, the strong evidence demonstrating the effectiveness of the ROR model and the mounting awareness of the need. The partnership has enabled ROR to expand from its original flagship site in Boston to more than 3,800 pediatric sites nationwide, serving more than 25% of the children living at or near poverty in our country. With increased support, ROR hopes to one day serve all American children.



The Next Step:

Giving Books Should Be as Routine as Giving Shots

The goal of Reach Out and Read is to ensure that doctors and nurses give literacy-related advice and children's books as routinely as immunizations at pediatric visits; both are exceptionally important. Endorsed by the American Academy of Pediatrics, ROR has changed the way pediatrics is practiced in the U.S. by giving doctors an evidence-based strategy to promote child development and learning.

Children served by ROR will develop the language and literacy skills necessary to read, complete school, and succeed in life. The success of each child – and the collective success of at-risk children all over the country – will mean increased productivity and economic security for our nation.



Reach Out and Read is a pioneering program in early childhood education. It's a practical and cost-effective way to encourage many more parents to start reading aloud to their young children. The result is that language scores are improved for children as young as 18 months. The federal aid we make available leverages tens of millions of non-federal dollars for the program as well, and the children who are helped will benefit all their lives. The modest current investment leads to savings of billions of dollars in public costs for remedial education. Prevention works in health care, and it can work in education too."

– United States Senator Edward M. Kennedy (D-Massachusetts)



Research shows that reading aloud to children from an early age is vitally important to their development. We've seen the tremendous impact that Reach Out and Read has on kids in Iowa and across the country, who are in danger of falling behind even before they reach school age. Reach Out and Read is an investment in the future and helps ensure that more children have a greater chance at success."

– United States Senator Chuck Grassley (R-Iowa)

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Reach Out and Read

56 Roland Street ■ Suite 100D ■ Boston, MA 02129
Phone: 617-455-0600 ■ Fax: 617-455-0601
www.reachoutandread.org

Chairman MILLER. Thank you.
Ms. Rasmussen?

STATEMENT OF JESSIE RASMUSSEN, VICE PRESIDENT, BUFFETT EARLY CHILDHOOD FUND

Ms. RASMUSSEN. Good morning, Chairman Miller and members of the Committee. I too would like to thank you for the opportunity to discuss early childhood education, one of my most favorite topics.

I want to especially focus on what young children who are disadvantaged and their families need to make the most——

Chairman MILLER. If you bend the mic down just a little bit?

Ms. RASMUSSEN [continuing]. Oh, okay—to make the most of the earliest years of their growth and development.

Does that work?

Chairman MILLER. Yes, that is better. Thank you.

Ms. RASMUSSEN. I represent the Buffett Early Childhood Fund, the part of Susie Buffett's foundation that is dedicated to leveling the academic playing field by ensuring comprehensive, high quality, birth-to-five services for our country's youngest and most vulnerable children. I also bring to this discussion about 20 years of being an early childhood provider, as well as another 20 years of doing policy work in this arena.

You have already heard from others today that the research is clear—that wherever children are, at home with their parents, with grandma, with a next-door-neighbor or in a center-based program, children need caring, consistent and responsive experiences from the earliest days and weeks in order to be successful in school and later in life.

Now, while the value of safe, nurturing and stimulating environments is relevant for all children, it is especially critical for children who start life already behind—those born at risk of failing in school and in life because of variables such as poverty.

But here is the kicker: the children who would most benefit from the most highly effective early childhood programs are often the ones least likely to have access to such programs. Let us face it: quality costs, and families with limited resources can't afford the programs that would best prepare their children for success in school.

Child care subsidies provided to families of low incomes seldom cover the real cost of quality care. Five-star and nationally accredited early childhood programs are rarely located in neighborhoods with the greatest concentrations of poverty. Even programs like Head Start that are designed to address the needs of children at risk are often inaccessible to families of low incomes because their parents are in jobs that do not allow them the flexibility to leave work to transport their child from a half-day program to a full-day program.

A variety of birth-to-five program options should be available to meet the various needs of families. But we must recognize that a significant number of our families with children under the age of five, all parents are working, and thus need full-day, year-round care.

Unfortunately, there is a historical perception that child care is simply about watching the kids while mom and dad work, while early childhood education is where the real early learning occurs. This false dichotomy between child care and early learning needs to be eliminated. Child care must be viewed as an early learning environment. And furthermore, we need to acknowledge the research that indicates children need continuity in their care and should not be shuffled between multiple early childhood programs and multiple caregivers every single day.

Yes, there are major challenges in providing quality services across all settings, but it can be done. Common quality standards, clear pathways to meeting research-based standards of quality and

sufficient funding for not only reaching these standards but for sustaining quality operations are all essential elements.

In Nebraska, very high standards of quality are attached to the funds for birth-to-five services. However, there is also time allowed and funds available to assist programs in meeting those standards. The Nebraska Early Childhood funding structures also promote partnerships between agencies and programs, both public and private, because, through partnerships, we are able to deliver highly effective programs by combining and concentrating the resources of programs such as Early Head Start, Head Start, State Early Childhood Grants and the Child Care Subsidy.

But these partnerships require that our early childhood policies and our early childhood practices are aligned. If quality is an essential ingredient for achieving positive outcomes for children, then we need policies that demand quality in all settings, and then measure it to assure appropriate accountability.

And we need to be particularly diligent about ensuring access to quality programs for our children most at risk.

Since continuity of care is critical both for early learning and positive social-emotional development, then our policies must promote the integration of birth-to-five services in one place with one set of caregivers. And because partnerships across programs are often the most effective way to achieve really good effective programs, then our policies across programs need to be in synch and thereby encourage collaboration.

Investing in the first 5 years is not just a wise investment policy for the good times. It is smart policy especially in these most difficult economic times. As several leading economists across our country assert, there is no greater value investment than investing in the very young.

Thank you.

[The statement of Ms. Rasmussen follows:]

Prepared Statement of Jessie Rasmussen, Vice President, Buffett Early Childhood Fund

Chairman Miller and members of the Committee on Education and Labor, thank you for the opportunity to share some ideas regarding early childhood—especially as it relates to what disadvantaged infants, toddlers, preschoolers and their families need to make the most of the earliest years of growth and development.

I represent the Buffett Early Childhood Fund, part of Susie Buffett's foundation in Omaha dedicated to leveling the academic playing field by ensuring comprehensive, high quality birth to five services for our country's youngest and most vulnerable children. In part, the Buffett Early Childhood Fund invests in building Educare Centers across the country. Presently, there are six sites in five states with four more scheduled to open in 2009 and 2010. Each Educare is a highly effective early care and education program especially designed to demonstrate what it takes to shift the odds in narrowing the student achievement gap.

I also bring to this discussion my twenty years of experience as an early childhood provider in a variety of settings, including Head Start plus another twenty years in policy work, first serving as a Nebraska state Senator for four years and then serving as the state human services director in both Nebraska and Iowa. Following my tenure in state government, I served as the Early Childhood Policy Director for the Nebraska Children and Families Foundation which took the lead in the development and successful passage of early childhood legislation in 2006 that established a \$60M early childhood endowment funded through a public and private partnership.

The research is clear—what happens in the first five years of life sets the stage for what will happen in the rest of a child's life. Strong foundations in the very earliest years lead to positive outcomes—and greater economic returns—in the later

years. The bottom line is that wherever children are—at home, with grandma, with the next door neighbor or in a center-based program—children need caring, consistent, quality experiences from their earliest days and weeks in order to be successful in school and later in life.

While the value of safe, nurturing and stimulating environments is relevant for all children, it is especially critical for children who start life already behind—those born “at risk” of failing in school and in life because of variables such as poverty. In fact, the economic analysis of the return on the investment in early childhood that we so often hear about is based on studies of long-term effects of children at risk receiving quality early childhood education. It is our failure to invest in the youngest children most at risk that results in significant costs for states and our nation in terms of educational remediation, criminal justice, health care and loss of productivity.

But here’s the real kicker: the children who would benefit the most from highly effective early childhood programs are the ones least likely to have access to such programs. Families with limited resources can’t afford the programs that would best prepare their children for success in school. The costs associated with quality programming—highly qualified staff, small class size, low teacher-child ratios, parent engagement—make these programs prohibitive for families of low income. Even if scholarships were available to help parents pay for effective early childhood programs, few five star and nationally accredited programs are located in the neighborhoods with the greatest concentration of poverty. And families of low income often lack reliable transportation that would enable them to travel to where the programs of excellence exist.

Access to quality early childhood programs for families of low income is compounded by the fact that a significant number of these parents with young children are working (as required in the welfare reform of the nineties) and need full day, year round care. However, many of the programs designed to serve children at risk are often only part day and don’t operate all year. This means parents must arrange for care before and after the half day preschool program as well as make special arrangements for summer breaks. Even if parents could find care to fill in the gaps, the half-day preschool programs are often inaccessible to families of low income because parents are frequently in jobs that do not allow them the flexibility to leave work to transport their child between child care and preschool. Furthermore, we need to acknowledge the research that indicates children need continuity in care and should not be shuffled between multiple early childhood programs—and multiple caregivers—every single day.

Although what many families need is full day, year round programming, policy makers have historically treated child care as a necessity for parents rather than a service for children. The child care subsidy available to parents with limited income is often viewed as only that which is needed to pay for someone to watch children while their parents work and is not recognized as an opportunity for early childhood education. This false dichotomy between child care and early learning needs to be eliminated—child care must be viewed as an early learning environment, especially since many children at risk are spending significant time in care by people other than their parents.

As a consequence of this false dichotomy, the child care subsidy often isn’t funded to pay the costs of providing high quality, early learning environments nor is it managed to support effective program operations. For example, in many states, child care subsidy payments are based on 50-75% of market rates. Market rates don’t represent what it costs to deliver evidenced based standards of quality, not to mention that paying less than market rates doesn’t buy quality. Additionally, many states make child care payments based on attendance rather than enrollment. Programs must pay their teacher salaries and other operational costs regardless of whether all children enrolled show up every day. Parents who earn slightly too much income one month may suddenly be ineligible for the child care subsidy and unable to pay the full tuition. Programs can’t always hold a spot in their program and they certainly can’t cover the lost income. The bottom line is that many of the very best early care and education programs don’t serve children dependent on the subsidy because the reimbursement doesn’t begin to address their costs.

There are major challenges in providing quality services across all settings but it can be done. In Nebraska, very high standards of quality are attached to the state funds for birth to five services. However, there is also time allowed and funds available to assist programs in meeting those standards. For example, lead teachers in a preschool or infant toddler classroom are required to have a four year degree and endorsement in early childhood education. The program is given three years to achieve this standard and grant funds can be used to assist with post secondary education expenses. Most of the school districts in Nebraska have taken advantage

of these early childhood grants and have successfully met the multiple quality criteria required. Annual evaluations of programs and child outcomes provide guidance for continuous assessment of effectiveness and need for program improvement. Programs are required to meet the needs of families so a variety of program modes are funded—home visitation, part day, and full day, year round programs. Common quality standards, clear pathways to meeting research-based standards of quality, sufficient funding for not only reaching these standards but for sustaining quality operations, and flexibility in meeting family needs have been essential elements in our efforts to build a comprehensive, highly effective, birth to five early childhood system.

The Nebraska early childhood funding structure also promotes partnerships between agencies and programs because we're able to deliver highly effective programs by combining and concentrating the resources of programs such as Early Head Start, Head Start, public school funds, state grants and child care subsidy. In fact, the funding criteria require public schools to partner with Early Head Start and Head Start as well as with other community based programs with expertise and experience in serving children birth to age five. Additionally, the local grantee must provide a 100% match but can do this with other federal and state funds thereby encouraging an even wider circle of collaboration across multiple programs and funding streams.

As a result of this partnership funding strategy, we have several outstanding early care and education programs providing what children and their parents need to make the most of the early years. In several communities, the public schools partner with the Early Head Start and Head Start provider, combining Title I funds with state early childhood grants and child care subsidy to provide comprehensive, birth to five programs of high quality that are available for the full day and full year. In other communities, the school partners with a visiting nurses program to provide high quality home visitation services with teen parents and also partners with a private nationally accredited early care and education program to care for the children while moms are in school.

While these partnerships are fruitful, they are hard work to develop and sustain. Professionals with different training, different program goals, different jargon, and different management styles must engage in painful personal stretches to truly accomplish an authentic partnership that results in a really effective, integrated program. But most who engage in these partnerships believe passionately that this hard work will pay off for children and their families. Their dedication to the end goal sustains them through the process.

Although we have had many successes in our journey to build a comprehensive, highly effective, birth to five early care and education system in Nebraska, there remain many challenges. Partnerships have great results but are difficult to achieve when each program has different accounting systems, data requirements, eligibility standards, quality criteria and professional standards. Alignment of policies and funding structures across programs at both the federal and state level would greatly enhance the power to be gained from consolidating and concentrating our limited resources. Furthermore, our policies need to be in sync with what is known about good practice. For example, if continuity of care is critical for both learning and positive social-emotional development, then our policies must promote the integration of birth to five services in one place, with one set of caregivers. Finally, we need common standards and expectations for quality across programs—preschool, child care, home visitation—to ensure quality environments and experiences for children wherever they are.

Investing in the first five years is not just a wise investment policy for the good times—it is smart policy especially in these most difficult economic times. Parents who have lost their jobs and even their homes are under tremendous stress—stress that is felt by the children as well—stress that interferes with early learning. Family routines and stability in home environments help children develop internal controls; loss of routines and stability weakens the child's capacity to manage their feelings. Children can't wait for the economic times to get better; their development can't be put on hold. More than ever, parents need support in maximizing their child's healthy growth and development.

Investing in the first five years in these times is also smart as there is no greater value investment. That's why more of us in the private community are investing in the early years, especially for children at risk. To quote no less an authority than Dr. James Heckman, the University of Chicago professor who won the Nobel Prize in economics in 2000, "In an era of tight government budgets, it is impractical to consider active investment programs for all persons. The real question is how to use available funds wisely. The best evidence supports the policy prescription: invest in the very young."

Chairman MILLER. Thank you.
Mr. Redmon?

**STATEMENT OF JIM REDMON, EXECUTIVE DIRECTOR, KANSAS
CHILDREN'S CABINET AND TRUST FUND**

Mr. REDMON. Chairman Miller, members of the committee, I appreciate the opportunity to talk with you today about early childhood education and the need for a coordinated, comprehensive birth-to-five system.

I serve as executive director of the Kansas Children's Cabinet and Trust Fund. We are directed by state statute to undertake a variety of roles in evaluating and funding key children's programs in the state.

Let me start by saying that we strongly believe that program performance, accountability and outcomes need to be at the forefront of any early childhood system. Having a clear understanding of the science of early childhood enables us to direct resources to the most effective strategies at the right time for young children and their families.

Parents, particularly those whose children are at risk, need to know that we are committed to a high quality, voluntary system to ensure that our vision, that every child is ready to succeed in school, is met.

By its very nature, a quality early childhood system includes all the people involved in a child's life, most important being parent and families, but it also includes educators, child care and development professionals, doctors, nurses, and friends and neighbors in their communities. We live in a changing and diverse society in which how children are cared for has undergone a dramatic transformation over the last few decades.

A majority of children receive some form of out-of-home care during the first 5 years from an array of both public and private organizations. The quality of these programs varies greatly. In Kansas, as elsewhere, if we coordinate and set high standards, there are tremendous opportunities for success, but high cost with poor outcomes if we don't. We are striving for a system that is scalable to meet the needs of the child and family, intensive for those infants, toddlers and preschoolers and their families most at risk for poor developmental outcomes, and supportive and informational for those not at high risk but who still need some help.

But for all services, from child care to health care, need to use strategies that will increase the likelihood for positive outcomes for children, thus our interest in evidence and accountability.

My focus today is on our role in the planning and initial implementation of a coordinated statewide comprehensive early childhood plan and system for young children and families. In a role as convener, the Children's Cabinet and Trust Fund assumes responsibility for bringing professionals, parents and policymakers together for the purposes of providing direction for greater coordination and integration of an early childhood system, to have a single vision of school readiness, and to break administrative and programmatic silos.

There is broad agreement among political leaders that high quality early childhood programs can serve as a point of intervention

that can tip the scales and mitigate risk factors leading to children not being ready in school. A focus on the early years, birth to five, has been the nexus of policy and programming discussions and planning between the governor, legislators, business leaders, and the early childhood community.

Through this public-private partnership, we have forged a broad base of support for improving the early childhood system. As Governor Sibelius said during her 2008 State of the State address, we can't afford for any of our young Kansans to be so far behind that they never catch up by the time they enter Kindergarten. When services and programs are not purposely coordinated on the state and local level, children and families have more difficulty receiving the services they need.

The point is underscored by parents in Kansas and around the country. Parents tell us they have system-wide concerns regarding the difficulty of locating information about early childhood services, a lack of communication across programs, and difficulty in obtaining quality child care and preschool and health insurance.

So we have taken a systemic approach to early childhood, looking at coordination across the ages of birth to five. With the people listed above, we crafted an early childhood plan that serves as a blueprint for early childhood in the state. The plan is comprehensive and recognizes the whole child, with a focus on five key areas—health care, mental health, social-emotional development, early care and education, parent education, and family supports.

We have a flexible plan that guides our work from the state to the local level. State agencies, business leaders, political leadership, child advocates and higher education all have been instrumental in developing and implementing the plan.

Let me conclude with talking about three funding streams that embrace state planning, collaboration and accountability and outcomes at the state and local level—our early childhood block grant, pre-Kindergarten program and Smart Start Kansas. In all of these funding streams, we fund community-level collaborations that must have clear outcomes for children and families, utilize the best evidence to support services, and work together to avoid duplication.

These are sound investments even in difficult economic times. In some communities, our Head Start program school districts, pre-K and community child care are collaborating to make sure we have a seamless system for 4-year-olds. And all those private agencies, school districts and health departments are working together to make sure more—don't fall through the cracks and get the services they need to be ready for school.

However, there are still numerous challenges. Coordinating all of the funding streams for programs at a local and state level is difficult. A coordinated early childhood system on the federal level would help states deliver and manage services more effectively. The data systems necessary to track child level and program outcome level data don't always talk to one another or don't exist in ways that make information easy to act on, and the funding is not there yet to serve all the children we know need to be ready to help to succeed in school.

In the end, our experience in Kansas shows that our investments in early childhood must be smart, have a broad base of support, po-

litical leadership and a focus on quality outcomes and accountability using the best scientific evidence available. We should do no less for our youngest citizens.

[The statement of Mr. Redmon follows:]

Prepared Statement of Jim Redmon, Executive Director, Kansas Children's Cabinet and Trust Fund

Chairman Miller, members of the committee, I appreciate the opportunity to talk with you today about early childhood education and the need for a coordinated, comprehensive birth to five system. I serve as the Executive Director of the Kansas Children's Cabinet and Trust Fund. We are directed by state statute to undertake a variety of roles in funding and evaluating key children's programs in the state.

Let me start by saying that we strongly believe that program performance, accountability and outcomes need to be at the forefront of any early childhood system. Having a clear understanding of the science of early childhood enables us to direct resources to the most effective strategies at the right time for young children and their families. Parents, particularly those whose children who are at risk, need to know that we are committed to a high quality, voluntary system to ensure that our vision—that every child is ready to succeed in school—is met. By its very nature, a quality early childhood system includes all the people involved in a child's life—the most important being parents and families, but it also includes educators, child care and development professionals, doctors, nurses, and friends and neighbors in their communities. We live in a changing and diverse society in which how children are cared for has undergone a dramatic transformation over the last few decades. A majority of children receive some form of out-of-home care in the first five years, from an array of both public and private organizations. The quality of those programs varies greatly. In Kansas, as elsewhere, if we coordinate and set high standards there are tremendous opportunities but high costs with poor outcomes if we don't. We are striving for a system that is scalable to meet the needs of the child and family—intensive for those infants, toddlers and preschoolers and their families most at risk for poor developmental outcomes and supportive and informational for those not at high risk but who still need some help. But all services, from child care to health care, need to use those strategies that will increase the likelihood for positive outcomes for children—thus our interest in evidence and accountability.

My focus today is on our in role in planning and the initial implementation of a coordinated statewide comprehensive early childhood plan and system for young children and families. In our role as a convener the Children's Cabinet and Trust Fund assumes responsibility for bringing professionals, parents and policy makers together for the purpose of providing direction for greater coordination and integration of an early childhood system, to have a single vision of school readiness and break administrative and programmatic silos.

There is broad agreement among political leaders that high quality early childhood programs can serve as a point of intervention that can tip the scales and mitigate risk factors leading to children not being ready to succeed in school. A focus on the early years-birth to five-has been nexus of policy and programming discussions and planning between the Governor, legislators, business leaders, and the early childhood community. Through this public-private partnership, we have forged a broad base of support for improving the early childhood system. As Governor Sibelius said during her 2008 State of the State Address, "We can't afford for any of our young Kansans to be so far behind that they never catch up by the time they enter kindergarten."

When services and programs are not purposefully coordinated on the state and local level, children and families have more difficulty receiving the services they need. This point is underscored by parents in Kansas and around the country. Parents tell us that they have system-wide concerns regarding the difficulty of locating information about early childhood services, a lack of communication across programs, and difficulty obtaining quality child care and pre-school and health insurance.

So, we have taken a systemic approach to early childhood—looking at coordination across the ages of birth to five. With the people listed above, we crafted an early childhood plan that serves as a blueprint for early childhood in the state. The plan is comprehensive and recognizes the whole child, with a focus on five key areas—Health Care, Mental Health and Social-Emotional Development, Early Care and Education, Parent Education and Family Supports. We have a flexible plan that guides our work from the state to the local level. State agencies, including our Departments of Education, Social and Rehabilitation Services, Health, Head Start As-

sociation, state child care resource and referral agency, business leaders, political leadership, child advocates and higher education all have been instrumental in developing and implementing the plan.

Let me conclude with talking about the three funding streams that embrace state planning, collaboration, accountability and outcomes at the state and local levels—our Early Childhood Block Grant, Pre-Kindergarten program and Smart Start Kansas. In all of these funding streams, we fund community-level collaborations that must have clear outcomes for children and families, utilize the best evidence to develop services, and work together to avoid duplication. These are sound investments, even in difficult economic times. In some communities our Head Start programs, school districts, PreK and community child care are collaborating to make sure we have a seamless system for at risk 4 year olds. In others, private agencies, school districts and health departments are working together to make sure at risk newborns don't fall through the cracks and get the services they need to be ready for school.

However, there are still numerous challenges. Coordinating all of the funding streams for programs at a local and state level is difficult. A coordinated early childhood system on the federal level would help states to deliver and manage services more effectively. The data systems necessary to track child level and program level data don't always talk to one another or don't exist in ways that make the information easy to act on; and, the funding is not there yet to serve all the young children we know need help to be ready to succeed in school.

In the end, our experience in Kansas shows that our investments in early childhood must be smart—have a broad base of support, political leadership and focus on quality, outcomes and accountability using the best scientific evidence available. We should do no less for our youngest citizens.

Chairman MILLER. Ms. Robinson?

**STATEMENT OF HOLLY ROBINSON, COMMISSIONER, GEORGIA
DEPARTMENT OF EARLY CARE AND LEARNING**

Dr. ROBINSON. Good morning, and thank you for this opportunity.

As the commissioner of the Georgia Department of Early Care and Learning, we have a very unique situation. We are one of only three states in the United States that has an entire department dedicated to zero to five.

In that department, we do all of the Georgia pre-K program. We do all of our services for child care licensing and regulations, as well as the Georgia Care Council and all of the other things that go into a department that covers zero to five for a large state like Georgia.

The Department of Early Care and Learning was created in July of 2004 with the foresight and vision of our governor, Sonny Perdue, to bring all of these resources together so that they could be better coordinated and therefore much better serve the children in the state of Georgia.

The legislative purpose of our department is to infuse a culture of education in zero-to-five population. It streamlines all of our services, as well as improving quality, affordability and availability of child care.

Our budget in the department runs over 450 million, and we serve and impact over 400,000 children every day in the state of Georgia.

The mission and vision of our department is very, very important, because what our mission and vision does is it very, very much focuses on quality, quality in early learning experiences, increasing school readiness, accessing quality and based on measurable, research-based standards.

In 2008 and 2009, Georgia's pre-K program, which is one of the preeminent programs in the United States, was entering its 15th year. The Georgia pre-K program was established in 1993, and it is solely funded by the Georgia Lottery for Education. More than 860,000 pre-K students have been served since 1993, and one million will be served this fall, this September, and we are very, very excited about our one millionth child to be served in the Georgia pre-K program.

We have comprehensive standards for our classroom. We have a statewide child assessment program that is based on the work of Dr. Michael's work. We have on-site classroom monitoring, and we have a resource coordination program. So it is a very solid, research-based program in the state of Georgia.

The program, most uniquely, is a voluntary universal program. Parents have a choice whether they want to send their child to this program or not. But if they do, it is a fully funded program. Children must live in Georgia, be age eligible, and we serve now almost 60 percent of the children in Georgia. When we finish this year, because the governor has put 3,000 more new slots in for this year, so we will be serving the next school year 82,000 children.

It is also a public-private program, where many of our providers are private mom-and-pop shops or some of the large chains and our public school system. We also work with the military, with the technical college system, with charter schools, with university lab schools, so we really reach across the entire state.

There has been a lot of discussion as whether a program should be targeted or universal, and we have a lot of research and backup that will show us that our heterogeneous program is a strong program and is effective for all of the students. Our program is a full day. It is 180 days per year as a regular school year, 5 days per week. Our teachers are credentialed. Over 80 percent of them now have degrees in early or elementary childhood, and the final 20 percent have associates degrees.

We measure up to quality in our state program. We have nine out of 10 of the quality standards that NEER requires. But our statewide program is driven by standards and by child assessment that is focused on standards as well.

One of the major things we do, since it is part of my department, as well, that is we work very closely with Head Start. We have a full collaboration with the Head Start office, the regional Head Start office. We have signed a joint letter of agreement between myself and the regional Head Start manager, the federal appointee, so that the Head Start providers across the state see that this is a viable partnership.

And what we have done is we have moved many of the 4-year-olds that were served by Head Start into the Georgia pre-K program, thereby serving more 3-year-olds in the state in Head Start. Those 4-year-olds that move into the Head Start program to Georgia pre-K still receive the wrap-around services from Head Start. So what this enables us to do is serve more children in quality programs across the state of Georgia.

In conclusion, I would just like to say three things. We base all of our programs in Bright From The Start on accountability and academic achievements based on data and research. I believe we

need flexibility to meet the individual needs of the state, because in our state, for example, we have a very large, well-funded pre-K program which would have different needs than other states.

And finally, I would like to just mention that Georgia, as one of three states that has a full education department for early learning zero to five, it would be very, very helpful to us if you all would help instruct the U.S. Department of Education that we are a fully fledged department, because we cannot apply for competitive grants, funds don't flow—even if they are zero-to-five funds—do not flow to us in our department.

We don't get any direct dollars. All of the dollars that are zero-to-five for the state of Georgia flow either to our K-12 department or to our Department of Human Resources, and then I have to get my little percentages from them, with overheads and such subtracted. So it would be very helpful if the United States Department of Education would recognize those states that do have a fully-fledged Department of Early Learning.

The other two states that have Departments of Early Learning are Massachusetts and Washington State, and we have all worked together and met together and discussed this, and I know it is something that would make a great deal of difference to us.

As far as the Georgia pre-K program is concerned, one of the things that we talk about all the time is that it is a program that serves now, by next year, almost 60 percent of our students. We are at 58 percent this year, serving just over 79,000 students. But what we do is we talk about it being a market-driven program. Since it is a voluntary universal program, it will never be 100 percent, because there will be some parents that choose a half-day program for their children or choose a religious school for their program.

So what we are trying to do in Georgia is be sure that our waiting lists are going down, that our number of slots, our number of children served are going up so that, hopefully within a few years, we will be meeting our market demand, and we will be serving as many children as we possibly can in Georgia.

Thank you.

[The statement of Dr. Robinson follows:]

Prepared Statement of Holly A. Robinson, Ed.D., Commissioner, Georgia Department of Early Care and Learning

The Georgia Department of Early Care and Learning, also known as Bright from the Start, was created on July 1, 2004. The creation of Bright from the Start merged the Office of School Readiness, the Office of Regulatory Services Child Care Licensing Division, and the Georgia Child Care Council. Bright from the Start has been in operation since October 1, 2004.

The legislative purpose of Bright from the Start included the following objectives: to infuse a culture of education in the zero (0) to five (5) population; to streamline early childhood services; and to improve the quality, availability, and affordability of child care. Bright from the Start operates with a \$450 million budget and impacts over 400,000 students each day.

The mission of Bright from the Start: Georgia Department of Early Care and Learning is to deliver exemplary early care and education programs that improve the quality of early learning experiences, increase school readiness, and improve overall school performance.

The vision of Bright from the Start: Georgia Department of Early Care and Learning is to increase the number of Georgia's children and families who have access to quality early care and learning programs. As well as ensuring that more of Geor-

gia's early care and learning programs achieve and maintain higher, measurable, research-based standards.

Georgia's Pre-K Program was established in 1993. It was funded by the Georgia Lottery for Education and more than 860,000 Pre-K Children have been served since 1993 (one million will be served by the Fall 2009). In the 2008-2009 school year there were 79,000 Pre-K slots.

The program has established comprehensive classroom standards and a statewide child assessment based on Dr. Meisel's work. The program also requires on-site classroom monitoring and resource coordination.

Georgia's Pre-K program is a voluntary universal program. Children must live in Georgia and be age eligible in order to participate, there is no income requirement. Fifty-six percent of Georgia's four year olds are served.

Georgia's Pre-K program is a public/private partnership that operates in both public and private sites: 59.30 percent of the sites are private; 39.34 percent of the sites are operated by a local school system; and 1.36 percent are operated by "Other" organizations (Military, Charter, Technical Schools, Vocational Education, Refugee Centers, University Lab Schools).

Targeted or Universal

Most school failure (in absolute numbers) is for children from socio-economic levels above the poverty level. Though research has shown high quality programs have the largest effect sizes for disadvantaged children, substantial effects have been detected for children from all socio-economic levels. Publicly funded pre-k for all might produce a paradoxical but worthwhile effect in terms of educational gains. Disadvantaged children benefit (in comparison to their gains with targeted programs) but so do more advantaged children. Accordingly, while such universal programs may result in higher levels of achievement for the disadvantaged, they might leave a larger achievement gap. If a universal preschool program substantially increased the enrollment of disadvantaged children, however, the achievement gap might also be reduced.

Family income presents a moving target, due to the fact that most poverty is transient-meaning the families are below or above the poverty line at different times. Many families move from one side of the cut-off to the other during the school year; some families manage to enroll their children despite having incomes above the cut-off; and others who qualify are not eligible. Evidence suggests that program effects on disadvantaged children may be larger when programs serve children from diverse backgrounds. (Barnett, W. S. (2008). *Preschool Education and Its Lasting Effects: Research and Policy Implications*. Boulder and Tempe: Education and the Public Interest Center & Education Policy Research Unit.)

Georgia Pre-K Program Essentials

The Georgia Pre-K program is a full year, full day program, carefully aligned with the State's K-12 program. This means children are in the program 180 days per year (36 weeks), five days per week, for 6.5 hours each day.

The Georgia Pre-K program includes a credentialed teaching staff. Lead teachers are either certified and/or hold a Bachelor's degree in elementary or early childhood education (79.85%), or they have an Associate's Degree in Early Childhood education (20.15%). Assistant teachers must meet a minimum credential requirement of the Child Development Associate (CDA) or its equivalent.

The Georgia Pre-K program meets 9 out of 10 quality standards (NIEER). Quality is also measured through the mandated best practice teacher training directly related to instruction, assessment and program quality; the statewide child assessment focused on standards driven instruction; the onsite technical assistance to facilitate quality instruction; the enhanced probation process to eliminate programs with continued poor quality; and, finally, the curriculum review process conducted by Dr. Susan Landry (UT) to ensure that the approved curricula correlate directly to Pre-K standards and child assessments (the review is conducted on a 3 year cycle).

Head Start Collaboration

The Head Start State Collaboration Office, as part of Bright from the Start: Georgia Department of Early Care and Learning, fosters partnerships between federally funded Head Start programs and early childhood programs receiving state or federal funds to improve the quality of services to low-income children and their families in Georgia. The Head Start Collaboration office aligned all Head Start programs with Georgia Pre-K standards, which are aligned with Georgia K-3 standards. A joint letter of support for blended programs was sent to all Head Start programs from the Commissioner and the Regional Manager for Head Start.

In the 2007-2008 school year, 26,355 three and four-year-old children were served by Head Start. Of those served, 14,882 were three-year-old children, 11,473 were four-year-old children, and 2,519 children were enrolled in blended Head Start/Georgia's Pre-K programs. The number of three year olds served by Head Start programs has been increasing because of blended classes for four year olds with Georgia Pre-K.

Conclusion

As evidenced by the Georgia Pre-K program, accountability and academic achievements for Pre-K programs must be based on data and research. Also, Pre-K programs need the flexibility to meet individual state needs. Finally, the U.S. Department of Education must recognize that some states, like Georgia, that have an independent State Early Childhood department, and recognizing only one SEA means that those independent agencies cannot directly receive the dollars for their educational purposes.

[Additional submission of Dr. Robinson follows:]



Georgia's Pre-K Programs

COMMITTEE ON EDUCATION AND LABOR
U.S. HOUSE OF REPRESENTATIVES
Tuesday, March 17, 2009
"The Importance of Early Childhood Development"

Holly A. Robinson, Ed. D.
Commissioner
Bright from the Start: Georgia Department of Early Care and Learning



History of Bright from the Start: Georgia Department of Early Care and Learning



- **Created July 1, 2004**
- **Merged**
 - Office of School Readiness
 - Office of Regulatory Services Child Care Licensing Division
 - Georgia Child Care Council
- **Operating October 1, 2004**

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Overview



- **Legislative purpose:**
 - Infuse a culture of education in zero (0) to five (5) pop.
 - Streamline services
 - Improve quality, availability, and affordability of child care
- **\$ 450 million budget**
- **400,000+ children impacted each day**

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Mission and Vision



- **Mission**

Bright from the Start: Georgia Department of Early Care and Learning delivers exemplary early care and education programs that improve the **quality** of early learning experiences, increase school readiness, and improve overall school performance.
- **Vision**

Bright from the Start: Georgia Department of Early Care and Learning will increase the number of Georgia's children and families who have **access to quality** early care and learning programs. More of Georgia's early care and learning programs will achieve and maintain higher, measurable, research-based standards.

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2008- 2009 Georgia's Pre-K Program



Program Essentials

- Georgia's Pre-K Program established in 1993
- Funded by the Georgia Lottery for Education
- More than 860,000 Pre-K Children served since 1993 (One million by Fall 2009)
- 2008-2009 School year: 79,000 Pre-K slots
- Comprehensive classroom standards
- Statewide child assessment based on Dr. Meisel's work
- On-site classroom monitoring
- Resource Coordination - Family Support Program

2008- 2009 Georgia's Pre-K Program



Program Essentials

- **Voluntary Universal Program**
 - Children must live in Georgia and be age eligible
 - No income requirement
 - 56% of Georgia's four year olds served
- **Public/Private Partnership**
 - Operates in both Public and Private sites
 - 59.30% Private
 - 39.34% LSS
 - 1.36% Other (Military, Charter, Technical Schools, Vocational Education, Refugee Centers, University Lab Schools)

2008- 2009 Georgia's Pre-K Program



Targeted or Universal

- Most school failure (in absolute numbers) is for children from socio-economic levels above the poverty level
- Though research has shown high quality programs have the largest effect sizes for disadvantaged children, substantial effects have been detected for children from all socio-economic levels
- Most poverty is transient-meaning the families are below or above the poverty line at different times

Barnett, W. S. (2008). *Preschool Education and Its Lasting Effects: Research and Policy Implications*. Boulder and Tempe: Education and the Public Interest Center & Education Policy Research Unit.

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2008- 2009 Georgia's Pre-K Program



Program Essentials

- **Full Year/Full Day Program (aligned with K-12)**
 - 180 days per year (36 weeks)
 - Five days per week
 - 6.5 hours per day
- **Credentialed Teaching Staff**
 - Lead Teachers credential requirements
 - Certified / Bachelor's degree in Elementary or Early Childhood (79.85%)
 - Associate's Degree in Early Childhood (20.15%)
 - Assistant Teachers must meet minimum credential requirement
 - Child Development Associate (CDA) or equivalent

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2008- 2009 Georgia's Pre-K Program



Measuring Quality

- Georgia Pre-K meets 9 out of 10 quality standards (NIEER)
- Lead Teachers - 79.85% have a 4 yr degree and/or are state certified in Early Childhood
- Assistant Teachers – required to have a CDA or higher
- Mandated best practice teacher training directly related to instruction, assessment and program quality
- Statewide child assessment focused on standards driven instruction
- Onsite technical assistance to facilitate quality instruction
- Enhanced probation process to eliminate programs with continued poor quality
- Curriculum review process conducted by Dr. Susan Landry (UT) to ensure that approved curricula correlate directly to Pre-K standards and child assessments (3 year cycle)

May 3, 2009

Head Start Collaboration



- The Head Start State Collaboration Office, as part of Bright from the Start: Georgia Department of Early Care and Learning, fosters partnerships between federally funded Head Start programs and early childhood programs receiving state or federal funds to improve the quality of services to low-income children and their families in Georgia
- The Head Start Collaboration office aligned all Head Start programs with Georgia Pre-K standards, which are aligned with Georgia K-3 standards
- A joint letter of support for blended programs was sent to all Head Start programs from the Commissioner and the Regional Manager for Head Start (federal office)

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2007-2008 Head Start Collaboration



- **26,355 three and four-year-old children were served by Head Start**
 - 14,882 three-year-old children were served by Head Start
 - 11,473 four-year-old children were served by Head Start
 - 2,519 children were enrolled in blended Head Start/Georgia's Pre-K programs
- **The number of three year olds served by Head Start programs has been increasing because of blended classes for four year olds with Georgia Pre-K**

Summary



- Accountability and academic achievements based on data and research
- Flexibility to meet individual state needs
- Recognition by U.S. Department of Education of independent Early Education Departments



Chairman MILLER. Mr. Soifer?

**STATEMENT OF DON SOIFER, EXECUTIVE VICE PRESIDENT,
LEXINGTON INSTITUTE**

Mr. SOIFER. Chairman Miller, Congressman McKeon, members of the committee, I deeply appreciate the opportunity to participate in your committee's ongoing consideration of this very important topic and to serve on a panel that is doing such good work around the country.

As Congress deliberates a larger federal role in early childhood programs, the particular details with which it does so are going to be critical to the likelihood of success of that investment. There is perhaps no more visible or more persuasive advocate of high quality early childhood programs for children from economically disadvantaged households that increase their readiness to learn with cognitive and important non-cognitive skills. Dr. Heckman also, however, warrants that government programs should not try to substitute for what middle class parents are already doing.

Research tells us that quality parenting is the most consistent and reliable predictor for a child's educational outcomes. Now, high quality early childhood programs absolutely can produce results and mitigate risk factors, measurable in such areas as vocabulary and math skills, from age four through the sixth grade, particularly for economically disadvantaged students, such as those served by Head Start.

As this committee has discussed previously, early childhood education is a landscape that is quite different in the United States than, for instance, elementary and childhood education. Because you have discussed it previously, let me just point out that, of children in the United States enrolled in early childhood programs, 80 percent are enrolled in programs from private providers.

I would also like to point out, and my written testimony discusses, two of the excellent Washington, DC charter schools that offer innovative early childhood programs with a great degree of success, and I would be more than happy to brief you at any time on some of the others. We talk at great length about those. It is a favorite topic of mine.

Allowing tax dollars to follow the child honors a parent's choice while minimizing government entanglement. The criteria that a parent uses to choose a program for their child is definitely not the same as the criteria that we use to evaluate a government program. For instance, program uniformity should not be a policy goal of federal early childhood programs.

It would be harmful for federal dollars to be used to undermine parents' ability to choose the program that they feel is best for their child. Federal dollars used to fund state programs that exclude private providers or those that have very difficult licensure requirements would also do considerable harm, where state programs that promote competition do a great deal to allow parents a greater freedom of choice.

To maximize the effectiveness of federal dollars also, it is important that—it is noted by a study for the Center of Law and Social Policy that one in four state pre-K providers distribute funds through the local school division, through the local school district, without any meaningful competition. Policymakers should also be mindful that the success of some strategies in public-private partnerships is not always scalable to the degree that it would be most desirable.

High quality early childhood programs are of particular importance to the success of high-risk kids, but there is little research consensus that defining the quality of early childhood programs can be done by measuring simply the lead teacher's degree in early childhood education.

Research does raise substantial doubt that requiring lead teachers to earn a 4-year bachelor's degree in early childhood programs will improve the educational outcomes for those children. We can certainly identify high quality programs where this is the case, but we can also identify high quality programs where this is not the case.

A team of researchers led by Diane Early and her colleagues conducted the most complete meta-analysis of research to date. They did not find "Convincing evidence of an association between teacher's education or major and either classroom quality or children's academic gains."

Some other research has established a correlation, but has fallen short of establishing a cause and effect for these positive outcomes because of the omission of some factors, often including salary ranges.

Thank you very much, and I look forward to further discussion.
[The statement of Mr. Soifer follows:]

Prepared Statement of Don Soifer, Executive Vice President, Lexington Institute

Chairman Miller, Ranking Member McKeon, and Members of the Committee: As Congress considers establishing a broader federal role in early childhood programs, the details of how it does so are of vital importance. As the American taxpayer's

investment in elementary and secondary education grows from 4.5 percent of GDP in 2004, we must consider the implications of new federal programs carefully.

Nobel Laureate economist James Heckman has been among the most prolific and persuasive advocates for the benefits of investing in quality interventions for financially disadvantaged, at-risk children that enrich children's early cognitive and non-cognitive stimulation (such as motivation, self-discipline and understanding of time). "But it is foolish," he warns, "to try to substitute for what the middle-class and upper-middle-class parents are already doing."

Early childhood programs cannot substitute for the positive influence of good parenting on a child's development. Research tells us that quality parenting is the strongest and most consistent predictor of a child's success, but that high-quality early childhood programs do result in higher vocabulary scores measured from age 4½ through the sixth grade.

A study by Jay Belsky and colleagues published in the journal *Child Development* in 2007 demonstrated that parenting quality significantly predicted all developmental outcomes measured including reading, math and vocabulary achievement into the fifth and sixth grade, making it the most important factor in a child's development. A government program that would cause any child to enjoy less quality parenting time would thus be harmful to the child's educational prospects, and one that instituted a lower age of compulsory attendance would do so on a much larger scale.

As this Committee has discussed previously, early childhood education in the United States has a landscape quite different from that of elementary and secondary education. It can hardly be described as a system at all, but rather a collection of programs provided by non-profit and faith-based organizations, for-profit companies, Head Start agencies, programs run out of family homes, and programs in schools of all varieties.

Charter schools whose missions center on closing achievement gaps for disadvantaged and minority children have come to recognize the value of implementing high-quality pre-kindergarten programs. Here in Washington, DC, some charter school leaders see a connection between the rapid growth of charter schools and their investment in early childhood programs. Innovative preK programs run by public charter schools, schools of choice, are achieving positive results with at-risk student populations. Two examples include:

- Excel Academy, a new Ward Eight charter school for girls in grades preK-8 whose mission includes an early education intervention model for three-year-olds to promote school readiness.
- Latin-American Montessori Bilingual Public Charter School in Ward Four, with three classrooms of three, four and five year olds, where instruction is generally in Spanish in the mornings and in English in the afternoons.

Over eighty percent of children enrolled in early childhood programs in the United States are in privately-run programs. Allowing tax dollars to follow the child honors a parent's choice while minimizing government entanglement. Parents with the fewest options economically could choose between part-day or full-day programs, based in a home, private or government center, or even a nonprofit or faith-based provider, as families whose incomes permit them to afford these choices do already.

Similarly, as Stephen Goldsmith has noted, the methods we use to evaluate government programs are not always the same criteria used by parents to assess the outcomes of private education programs.

Washington should not seek to define a quality program in the ways it has under the Elementary and Secondary Education Act, because any effort to do so, however well intended, has a strong likelihood of doing more harm than good. Program uniformity should not be a goal of federal early childhood education policy.

States, of course, have different sets of regulations for preschools. Increasingly, we seem to be seeing state policymakers consider universal pre-kindergarten programs that would be offered to all four-year-olds regardless of income, despite the fact that no research consensus has emerged about the educational benefits of government preK for middle class children.

It would be harmful for federal funding to undermine parents' ability to choose the program they feel is best for their child. Federal dollars used to fund state programs that exclude private or faith-based programs could do those programs considerable harm. So would grant dollars used to fund programs where faith-based early childhood providers face restrictive licensure requirements. On the other hand, state programs that promote competition would allow parents a greater freedom of choice.

Public schools that provide early childhood education already benefit from significant advantages. They do not pay taxes and are often able to take advantage of subsidized facilities and operating support.

With the last reauthorization of Head Start, it was required that programs be evaluated for meeting the diverse cultural needs of students. To meet such a federal

mandate, providers must take the time and resources from some other learning opportunity, perhaps, at the price of a different opportunity the classroom teacher deems important to improving kindergarten readiness.

To maximize the effectiveness of federal dollars, conflicts of interest should be avoided. Entities that distribute these funds should not also be recipients of funding, as Nina S. Rees, the federal Department of Education's former Assistant Deputy Secretary for Innovation and Improvement, has noted. A study by the Center for Law and Social Policy reported that in one-fourth of state preK programs, funds were distributed primarily through public schools, without meaningful competition from other providers.

This could be achieved by distributing funds through statewide grant competitions administered by independent entities. Where school funding formulas are involved, a general operating fund could be established for community-based providers.

Policymakers should also be mindful that the success of some strategies involving public-private partnerships is not always scaleable.

High-quality early childhood programs are of particular importance to the educational success of at-risk children. But little research consensus exists defining the quality of early childhood classrooms by the lead teacher's degree in early childhood education. Research raises substantial doubt that requiring lead teachers to earn a four-year bachelor's degree will improve the educational outcomes for those children. We can identify high-quality programs where the lead teacher has a bachelor's degree, or one with a focus on early-childhood education. But we can also identify high-quality programs where they do not.

Delivering a high-quality preschool education does require skill, but a policy that requires the selection of teachers by their educational attainment and major "will not substitute for selecting teachers with the skills needed to teach at this level," as a team of researchers headed by Diane Early at the University of North Carolina at Chapel Hill found in the most complete meta-analysis of the research to date.

Research has established a correlation between measurable, positive educational outcomes and teachers with bachelor's degrees. But for a variety of reasons, it would be a mistake to conclude that the bachelor's degrees are the cause of those positive outcomes, because of the omission of other significant variables, like teacher salary.

President Obama last week challenged states to develop cutting edge programs to improve kindergarten readiness. One tactic likely to help Head Start programs will advance if grants to those providers that have continued to produce inadequate kindergarten readiness are regularly and fairly re-competed under the provisions of your most recent reauthorization. Allowing faith-based providers to join the competition would give more choices to economically disadvantaged households.

In conclusion, there is a growing consensus of research that would support the implementation of effective early childhood programs for low income children that will improve their readiness to learn. But as Harvard Business School innovation authority Clayton Christensen recently put it, "Any increase in funding should be tied to programs adopting what is known from sound research and from successful implementations, but also should be made with an eye toward continuing to learn what works, and for whom, since this is still highly uncertain."

Thank you.

Chairman MILLER. Thank you, and thank all of you for your testimony and your suggestions.

Ms. Meyer, thank you for remembering Irving Harris. He was also obviously a mentor of mine for many, many, many years, and we see his legacy live on with the changes in the child tax credit in the stimulus bill and before that. So thank you so much for that.

Ms. Rasmussen, you talk about something that is plagued us for some time here, and that is—and other people have touched on it, but the false dichotomy between child care and early learning needs to be—you say that it has to be eliminated. Child care must be viewed as an early learning environment, especially since many children at risk are spending significant time in care by people other than their parents.

You want to elaborate? I mean, we go around and around with this on how—somehow we treat these situations where children spend a great deal of time, as you point out.

Ms. RASMUSSEN. Well, I think, historically, the child care funding streams, at least from the federal perspective, were done solely as a work support for families.

Chairman MILLER. Right.

Ms. RASMUSSEN. And that is absolutely still true. It is a work support for families. But it isn't just a necessity for parents. It is also an opportunity for services to children. And I think that, until we begin to see that wherever children are at, again whether it is with grandma during the day or whether it is in a so-called child care program, we need to assure that there is a common set of standards around quality that apply for all of those settings.

And the irony is that, in the 1990s, we decided as a country that parents who were poor had to go to work in order to get public assistance. And if they are going to be at work, then, then we need to make sure that those who are caring for their children while they are working know and understand early development and know how to promote it and know how to nurture and promote the language development and the achievement of children.

So I think we need to stop seeing child care as something less than an important learning environment for our children.

Chairman MILLER. I mean, obviously, it is not an issue just for low income or poor individuals. Millions of other Americans made a decision they were going to work for different reasons. So a spouse went off to work, and now you have two earners within a family.

And obviously a very significant number of those rely on whatever child care arrangements they can make. It may be more dependent upon the length of their commute than the quality of the care. Will somebody stay until 6:30, 7:00 at night till I get home? That may be the key question that has to be asked.

But when you have a child for that period of time I assume what you are telling us is that we ought to think up on the opportunity that exists within that care. If we can use that time to provide all of the needs of that child and the supports necessary so that they will be able to thrive and properly participate in our society.

Ms. RASMUSSEN. Yes, and it is true for all children. It is particularly true for those children who are at risk. Families with resources can often make up the difference for mediocre care during the day with lots of other kinds of activities and the kinds of interactions that they know to have with their children.

But from those families who are most at risk, it is particularly important that they have the opportunity to be in really high quality settings during the day while their parents are working. It is somewhat of a conundrum to really talk about parent choice if there really isn't parent choice.

And parents with limited resources don't have full choices. They aren't able to access some of the best programs that are going to set their children up for success in school. And I think our policies need to change so that opportunity is available for them.

Chairman MILLER. Thank you.

Ms. Robinson, you wanted to comment? Dr. Robinson, excuse me.

Dr. ROBINSON. One of the things that we have been able to do in Georgia because we have a department that just addresses this

is we have set up early learning standards. And are they practiced evenly across the state? I wish I could say they absolutely were.

But it is something that all of our child care providers, when we license them across the state, the child care centers, the family homes, the family group homes, we work on professional development within that range as far as we have dollars that can do that. So we are making a serious attempt at raising the quality across the entire state in all of our early learning.

We have also aligned our early learning standards, our zero to three standards, with our pre-K standards, and then our pre-K standard are aligned with our K-3 standards. So we have tried very hard, and it is a process that we have been going through for the last couple years of aligning all of those standards. So that is one way you can begin to address what I agree with is a great conundrum.

Chairman MILLER. Ms. Meyer, how are you doing that? You have sort of quickly—I will come back to you later, but you now sort of have this universal.

Ms. MEYER. Well, I was thinking that it is absolutely right. Jessie is correct that—and so are you—that all parents worry about child care. But the children at greatest risk suffer enormously if they don't get it. One would argue that your {Ms. Rasmussen's} grandchild will do fine if you put her in a black box for the next 5 years.

But I think the opportunity—and I really want to resonate with what you had to say, Mr. Soifer, that competition does matter. Having access and—setting standards, but having the ability for child care center to access Early Head Start dollars and access preschool dollars is the best way to ensure that child care will increase its quality rather than thinking exclusively about going via the child care funding stream and increasing it.

So I think it is important to think about what can be accomplished at the state if we have much more flexibility. And I know that, at the time that Early Head Start was established, one of the reasons it got passed was there was a deal to ensure competition. And I think that the issue of competition at the community level is really important in not having designation be quite so strictly enforced.

Chairman MILLER. Competition is really popular until you ask somebody to engage in one. Then they like the old reliable stream of funding.

But anyway, we will come back to that, because Mr. Redmon also raised this question about access to funds. I mean, we have been locked in a long battle here between a block grant of questionable support and stovepipes of rigidity. So we continue this, and I think my next speaker has something to say on that.

Mr. McKeon?

Mr. MCKEON. Thank you, Mr. Chairman.

Chairman MILLER. Thank you.

Mr. MCKEON. And I want to thank all of you for your testimony, for your expert witness, and for the work that you are doing for our nation's children.

One of the things I noticed most of you mentioned in your testimonies was standards. Do you know which state has the highest standards?

Ms. STEBBINS. Standards of what? We have standards for different things.

Mr. MCKEON. I don't know. You all mentioned standards, and that seemed to be important parts of your testimony. I know that you said six states, I think, have some different kinds of—there were different kinds of standards.

Ms. STEBBINS. Okay. I will answer that question, and I think it also speaks to the first question, which is what does it take to go from a program that is a work support where children just need to be healthy and safe to one that promotes learning?

Mr. MCKEON. I was speaking of the, say—let us just pick out one, say learning standards, quality of learning standards.

Ms. STEBBINS. Thank you.

The learning standards, almost every state now has early learning standards for children in preschool, ages three and four, and 25 states have them for birth to three. Now, these standards are on the books—

Mr. MCKEON. Back to my question. Do you know which state has the highest standards, then, out of those states?

Ms. STEBBINS. No, I don't have the direct answer to that. What I can say is that if—

Mr. MCKEON. Does anyone?

Ms. Stebbins [continuing]. The states—

Ms. ROBINSON. If you look at the NEER report, there are a few states that—and I can't name them off the top of my head—that a couple states meet 10 of the 10 standards. A number of states meet nine of the 10 standards. Georgia is one of the states that now meets nine of the 10 standards, so they would—we would certainly rank in—ranking high in the states because, when Chairman Miller introduced the whole topic, he said that there were so many states that didn't even meet five of the national standards. So there is a ranking process.

But what happens is that you are—sometimes you compare a state that is serving 5,000 students or 8,000 students to a state that is serving 70 or 80,000 students, so you are not always comparing apples to apples as far as—but learning—

Mr. MCKEON. How would you feel about a federal standard—?

Ms. ROBINSON. How would I feel about—

Mr. MCKEON [continuing]. Imposed upon 50 states?

Ms. ROBINSON. Well, I think that would be difficult because I think there are a lot of things that each state has that are unique to that state, and you would have to figure out how states that are serving their children in both public and private providers, would you impose these on private providers, or would you only impose them on private providers if they were receiving the federal funds?

Mr. MCKEON. I would think there would be some who would like to impose standards on—a uniform standard on all 50 states, and they would like to have it over private, public. There are some that would like to drive everything to private—or excuse me, to public. I think that this is a problem.

I mentioned in my opening statement, 69 now federal programs. How would you feel about adding another program on top of those, or how do you—would you like to see some review of the 69 programs over five different agencies?

Ms. ROBINSON. Well, we are going back—

Mr. MCKEON. Could they be condensed? Could we look at what we are doing now compared to adding another new program? How do you feel about these kinds of—

Ms. ROBINSON. Well, let me answer the first question, and then I will pass to someone else because I know other people want to speak.

But I would say you are talking about driving everything to public as versus private.

Mr. MCKEON. I am not.

Ms. ROBINSON. Oh, you are—well, whoever—

Mr. MCKEON. I said there are some that would.

Ms. ROBINSON. All right. Well, then, whoever is saying that, that would be a real problem in my state, for example, because our public schools have been so crowded that we have a number of school systems that don't even serve the Georgia pre-K program or serve our programs.

Mr. MCKEON. I think it would be a problem in 50 states.

Ms. ROBINSON. Yes. All right. Well, then—

Ms. STEBBINS. I for one would welcome the conversation about standards. I think there is a rich discussion that is happening at the state level about what those are. I think we now have 50 different levels of standards.

But the more important point is that the standards need to be comprehensive, that they need to address all domains of learning and not just the cognitive domain, and that meeting the standards requires resources.

So to go from something that meets health and safety to promoting early learning requires dollars in order to do that.

Ms. MEYER. And Representative McKeon, I would say in partial response to your question about 69 programs and do we want one more, I think if we can find ways to make it easier to combine the resources across those programs, that that combination of resources can add up to the kind of quality that we want to give to our children in all of the settings that they may be in.

I think we have had some early success, and I think I heard some examples from other states where we have incentivized Head Start and early Head Start to partner with the public schools, to combine their Title I funds with their state early childhood education grants and then wrap it around with child care subsidies. But those partners—

Mr. MCKEON. You mentioned the flexibility, and that—

Ms. MEYER. Right, and you need—but the problem is those—every single one of those programs has a different set of data that you have to collect, a different set of accountability measures, a different eligibility standard for the qualification for being in the program. And it makes is very difficult to pull off partnerships. It takes hard work. And I know Jim wants to jump in on this, because it is—he mentioned—

Mr. REDMON. And I would agree. I mean, I would agree with that. I think that it is being able to figure out a way that all of those different reporting requirements, all the different funding applications that agencies have to put in. All of those pieces need to be looked at in terms of consolidating those in some way that makes it easier for the states and locals to be able to apply.

But I do have to say, back to the competition issue, that in Kansas, the early childhood block grant program, which is competitive, has figured out ways and allowed for local communities to be able to sort of braid and blend funding streams to serve kids and put them together in a way that makes sense so that the state funding stream is flexible to those communities to be able to combine with the less flexible sometimes federal funding streams to be able to do more for at-risk kids.

Ms. ROBINSON. Can I—am I on?

Chairman MILLER. You are on.

Ms. ROBINSON. Thank you.

And I did give you the example in Georgia that, if we could get the funding streams to flow to our agency, I mean, we are doing double-duty to try to figure out how to get the money that is supposed to come to zero-to-five to get it to at least flow to the agency that deals with the zero-to-five.

So flexibility is absolutely necessary for each state, because different states clearly have different needs, different demographics, different programs that already exist within their state. But I do think accountability is very important. We have very stringent accountability measures in our state for all of our programs.

Mr. MCKEON. Thank you.

Mr. Chairman, my time is up, but it sounds to me like, with 69 programs, and we still have needs that aren't covered. Probably we should go after an approach like we did with the job training years ago, where we condensed many federal programs and put in more flexibility, and then drove the money out to the local areas and let them deal with those problems.

Thank you very much.

Chairman MILLER. Thank you.

Mr. Kucinich, recognized for 5 minutes.

Mr. KUCINICH. Thank you, Mr. Chairman. I want to thank you for your continued involvement in making early childhood education a priority for this committee and for this Congress.

I want to thank the witnesses for sharing your expertise, and in some cases your life's work, on a matter of critical importance to our nation's children and families. And I want to say to the chair and to members of this committee that I look forward to joining you in whatever it takes to ensure that every child in America has access to high quality, full-day, full calendar year pre-Kindergarten education.

Now, Ms. Meyer, in your testimony you discussed the state of Illinois' Preschool For All program, its ambitious goals, its unique design, and that it works with all types of providers to make high quality pre-Kindergarten available to all 3-and 4-year-olds. With the help of child care advocates now for several Congresses, I have crafted a bill this year. It is H.R. 555, the Universal Pre-Kinder-

garten Act, which would provide grants to states to establish similar universal programs for all 3-, 4- and 5-year-olds.

You described some of the challenges Illinois has faced in the implementation of the Preschool For All program. But my question is, what are some of the challenges that the state faced in the development of a universal program, and how can Congress make sure that states have the resources and the support to enact similar universal programs? And what can Congress do to make sure that every family, every family with a young child has access to pre-Kindergarten and supportive services?

Ms. MEYER. Thank you, Congressman.

Well, bravo for you and the bill.

First of all, I need to respectfully correct one piece of your understanding, and that is it is a progressively universal, so we start targeting the most at-risk children before we go out and reach my grandchildren. And that is really important. That was a decision we made in the state, and it was fully agreed upon by all members of our General Assembly.

Also, though, we fund every age group at the same time, so it is really important that we stop pitting preschoolers versus zero to three. A child doesn't wake up one day and say, "Gee, I am a preschooler," or, "Gee, I am in child care." They are children. So we have to fund all 5 years, and we did that in Illinois.

So the money goes out to a competitive group of for-profits, non-profits, faith-based agencies, with a set of standards they receive the money. What were some of the challenges we faced? The politics of funding all 5 years at once.

That is a big issue in our field. Do you do preschool or zero to three? Get over it. We have to do it all at the same time, and we can do it. You put money out and you just split it up based on the 5 years, or just go 50-50.

Secondly, I know competition is hard, but we have to get over that, too. We have to allow competition because the best rises to the top. And that was a hard-fought decision that we confronted.

The other thing that we confronted, that we are still confronting, and I would like the federal government to pay really strong attention to this, is the lack of transparency. There is a great opportunity in funding states. The problem is you will never find a hearing like this in the state of Illinois General Assembly, where there is oversight of how the money is being spent.

So lack of transparency, whether it comes from the Illinois State Board of Education or a child care department is always a problem. And we are still running into that problem.

So I think the opportunity—

Chairman MILLER [continuing]. Transparency—I am sorry to interrupt the gentleman's time—

Ms. MEYER [continuing]. Where the dollars are being—how the dollars are being spent, how decisions are being made where the dollars are being spent, what the data systems are. I mean, you get a state—I mean, wonderful state long-term bureaucrats who operate their own fiefdoms.

And we have an Early Learning Council that has tried to really bring a comprehensive integrated approach. You can't do that un-

less there is a real partnership between the state administration and the public-private sector.

So I will finish and hand it off to my colleagues here by saying what you can do? I think the challenge grants, challenging states to figure it out at our level, but driving down what the floor for standards would be would offer great opportunities for states to realize your vision for a state preschool agenda.

Mr. KUCINICH. Go ahead.

Dr. ROBINSON. Another big challenge, sir, would be facilities. I mean, facilities are a real challenge in almost every state, in my state and in almost every state I visit. People want more pre-K in Georgia, for example, and we have—ours go out as pre-K grants, and people apply every year. And everyone that applies doesn't get it. It is competitive.

But we have problems with population growth, and we have some facilities in areas we have extra facilities. But in most areas, we don't have enough facilities, and good quality facilities for zero to five take a lot of money, a lot of careful planning, certain equipment, certain outdoor areas, certain things indoors. So I do think facilities would probably be a challenge for many of the states.

Mr. KUCINICH. Thank you.

Thank you, Mr. Chairman.

Chairman MILLER. Thank you.

Mr. Platts?

Mr. PLATTS. Thank you, Mr. Chairman.

First, thanks for hosting this very important hearing on a topic that truly is about our nation's future, because it is about our children, and they are our future.

Want to thank all of our witnesses for a great wealth of knowledge you have shared with us in your written testimony as well as your oral testimonies here today.

I am proud to be a parent of a soon-to-be 10-year-old tomorrow. He can't wait to be double-digits, and another son who turned 13, and thankfully had the ability to have the understanding of this zero to five and knew, as a new parent, had that knowledge shared with me, the importance of not waiting till Kindergarten or preschool or whatever it may be.

And I remember a conversation when I was in the State House, when my first child was born, he spent about 3 days a week with me. Any days that I was not on the floor of the House, he would be with me. So he was in Education Committee hearings at the state level, ribbon cuttings, you name it.

But one day, sitting in my Capitol office, he was about 6 months old, and I was sitting there reading to him. Obviously he didn't know the story and wasn't following the story, but a staff member walking by saw me reading and popped her head in and said, "Well, Todd, what are you doing? I mean, there is no way he knows what you are saying or understands what you are telling him."

And I said, well, I know he doesn't get the story, but those brain neurons are working and developing, and that is going to pay dividends down the road. And he is doing exceptionally well, and I think that early opportunities we were able to give him and a great preschool opportunity that you were talking about certainly, we know as a family, pays off.

So we are grateful for your work, and very pleased our new president has talked about early education over and over in his State of the Union, in his address to the Hispanic Chamber of Commerce last week. Early education was a big part.

And the one issue I want to mention—and I guess I am going to lobby you a little bit—is to reach out to colleagues of mine in the House and Senate in favor, hopefully, if you share my position, on a piece of legislation that my colleague, Danny Davis from Illinois and I are the sponsors of, and it is Education Begins At Home.

And Mr. Soifer, you reference early childhood programs cannot substitute for the positive influence of good parenting on a child's development. And Ms. Stebbins, you state, "Helping parents helps young children." And I couldn't agree more.

And one of the things we are trying to do is allow parents to be good parents and engaged parents. And we have so many programs, nurse-family partnerships, parents as teachers, and similar programs that really are helping especially low-income single moms know what it means to be a good parent and what it takes to be a good parent.

And so my effort here today, more so than a question, is to lobby you to reach out to House and Senate members, if you do share my support for this legislation, to encourage them to support it so that we have parents who want to be good parents, who know what it takes to be a good parent.

I, thankfully, had amazing role models in my mom and dad. And how they did it with five of us, I have no idea. We have just two, and it is chaotic. But I had that example to follow.

And to me, if we really are going to be successful, whether it is pre-K, whether it is quality child care, whether it is quality preschool programs, Head Start, early Head Start, we need the family to be engaged in supporting it—

And so Representative Davis and I put forth the legislation not to reinvent the wheel, but to try to make these type programs more readily available so we have those parents partnering what your states are doing, what your organizations are supportive of. And hopefully, we will be able to bring it all together and truly understand that the investment we make now in those early years, zero to five, the return on investment for the child is dramatic, and ultimately for society, as you all understand, is dramatic.

And I think one of the challenges, we have a lot of focus on higher ed and the cost of higher ed, and I don't want to think about what it will be by the time my children get there. But what we know is the return on that investment is not nearly what the return on investment is at this stage, zero to five.

So I really want to just say thank you for your efforts, for what you are doing already. And if you want to reach out and lobby in favor of Education Begins At Home to the Chairman or anyone else, I would encourage you to do so.

So thank you, Mr. Chairman. Again, thank you for hosting this hearing.

Chairman MILLER. Thank you.

Mr. Polis?

Mr. POLIS. Thank you, Mr. Chairman. Of the several hearings that I have got to be a part of so far here in Congress, this one

is particularly important, and I am particularly thrilled to be here and listen to you here today.

My first question is for Ms. Stebbins, and both Mr. Soifer and Ms. Stebbins talked about the role of quality parenting, and Ms. Stebbins talked about that as one of the stools, needs stable, nurturing families. And then, Mr. Soifer mentioned quality parenting as well as quality parenting time.

Some of the specific items within—and that is clearly one of the most difficult policy goals, to legislate good parenting. One of the things we can do is remove barriers to effective parenting.

One of those barriers that affects many children of same-sex couples is the Defense of Marriage Act and the inability of gay and lesbian couples to get married in this country, specifically with regard to some of the items mentioned by Ms. Stebbins, such as tax policies, adequate access to benefits that allow parents to work, and policies that protect time for parents to bond with their babies.

I was wondering if you could address the potential of overturning the Defense of Marriage Act in terms of improving the quality of early childhood education and quality parenting.

Ms. STEBBINS. I can tell you that we really struggle to find good policies that we could see would promote good parenting, and so you will see that in the profiles.

I can also tell you that I don't know of any research base that would talk about that, but I think good parenting is good parenting. And so it wouldn't be a stretch to talk about what does it take to get stable, nurturing parents in the home. I don't think it depends on the sex of those.

I will also talk about, being a parent myself of a 4-year-old and an 8-year-old, that having two parents really makes a difference, that this is hard work. And having that support for the parents is equally important.

Mr. POLIS. Yes. It seems as though, as I said, the ability to legislate good parenting is limited. One of the things that we can do is some of the things that Mr. Soifer and Ms. Stebbins addressed in terms of removing barriers to good parenting.

Certainly the tax policies, access to benefits, those are specific ones you cite that I would just remind my colleagues are, in fact, barriers that are particularly related to the rights associated with marriage that, currently, many same-sex families are not able to enjoy.

My second question is for Ms. Rasmussen or Ms. Stebbins to comment on, and it is really with regard to families that are struggling to make ends meet, and quality and affordable child care is frequently out of reach. And there is a trade-off between quality and hours that many people, unfortunately, have to face. The price of full-time care and quality care has increased, and child care expenses are typically a very high percentage of low income working parents' income.

My question is, what ideas do you have for what Congress can do to help states increase child care capacity, including incentives for quality, to help families who face this very difficult choice of trade-off between quality and hours to be able to have both?

Ms. RASMUSSEN. What I would go back to is what I was saying about partnerships and making it easier for multiple funding

streams to come together in order to be able to combine resources to offer a high quality program for the full hours that you are talking about that parents often need.

So if we can not only expand Early Head Start but also make it easier for Early Head Start, private child care providers and public schools to combine their resources along with a child care subsidy, then it is possible to offer—and we have some great examples of that—of offering a full-day, year-round program that is of high quality and can be available to families with limited resources.

Ms. STEBBINS. I guess I would just add that we can piece the pieces together to make it available, but most children still aren't getting it. In most states, the eligibility levels for child care subsidies are low. Even when they are eligible, they are put on waiting lists. When they get the subsidy, they might not be able to access the high quality care that they need. So it is about money, and more money in the system.

Mr. POLIS. One more area that if any of you would like to address is the potential for federal policies to better connect businesses, and particularly small businesses that have not conventionally been involved with offering on-site or quality assistance with child care service providers, either on-site or through assistance programs.

What federal policies could better encourage those partnerships? Or conversely, are there any federal policies that inhibit those types of partnerships today?

Ms. STEBBINS. I don't know of any that inhibit it. I do know that in most cases, where you have business involved, it is a large corporation, and so they can leverage the large workforce and their bottom line isn't affected by the attendance rates of their parents and their focus on their work. The problem with small businesses is that they don't have enough employees to actually justify opening an on-site child care center.

But something where you would have pooled services or shared services bringing them together would certainly be an incentive that is worth looking into. Again, I don't think that there are barriers to it, but there might be some good incentive to bring small businesses together to think about shared services around child care.

Mr. POLIS. What type of scale would an employer need to have to be able to offer—

Chairman MILLER. He is going to take his answer off the air, as they say.

Mr. POLIS. Thank you.

Chairman MILLER. Mr. Cassidy?

Mr. CASSIDY [continuing]. I am synthesizing what I have heard from others. I think Chairman Miller pointed out that there is probably a poor correlation—if not, I won't put the words in his mouth—between those who most need the service and where the Head Start or whatever, child care is placed.

So my first question is, that almost seems like an accountability measure for government, that if we are going to give a block grant or we are going to allow this pooling, that there should be a metric saying, "Okay, government entity, can you show that the people

who most need it are most benefiting?" Do you follow? And if so, is that being done, or if not, how do we achieve that?

Ms. MEYER. I will just jump in on our experience. When I was talking about transparency, I mean, most states have—there is a lot of mobility, clearly, with populations moving around. But there is a sense of where the most at-risk and high need families are. And if you can't track that with data systems and sort of match up where the programs are being placed to meet that need, then, in fact, you have a problem.

And I was saying earlier, I think, before you came in that we do in our state, the state of Illinois, we do have a transparency problem sort of directing the money to those community areas.

Mr. CASSIDY. So would that be a reasonable thing of legislation from Congress to say, if you accept these federal dollars, we are looking for a metric that you are actually locating these programs where your census track data says the need is greatest.

Ms. MEYER. I think, in fact, the way I am reading the K through 12 sort of four silo areas that I hope will move down to zero to five, that a data system will be required in the first chunk of funding. Yes, I think data systems can accomplish that.

Mr. CASSIDY. Secondly, I have been reading the testimony, and I am struck that there are two kind of discordant things. Ma'am, I don't have my contacts on. I apologize. I think you are Dr. Robinson. If not, I apologize.

But you mentioned that you have strong accountability standards in Georgia, and Mr. Soifer, I read in your testimony you speak about how multiplicity of approaches is allowed in Washington, DC. I am a little bit not straight how you can have accountability when there is a multiplicity of approaches.

Ms. ROBINSON. Well, what we have in Georgia, for example, in the pre-K program, and then I can talk about the child care—but in our pre-K program, they all register, and they are all part of the pre-K program. They submit rosters six times a year, and on those rosters you learn about the demographics. You learn about how the funding is being spent.

We have on-site pre-K consultants that visit these centers across the state, so we have on-site monitoring. They have a PQA, a Performance Quality Assessment. So we have all kinds of measures built in so we know what children they are serving, what the success rate is of these children.

Mr. CASSIDY. And the success is defined as vocabulary, as reading skills.

Ms. ROBINSON. Literacy, numeration, all of those, even some social and emotional in the PQA, and even the environment is assessed.

Mr. CASSIDY. And this is a series of standardized tests?

Ms. ROBINSON. Well, I wouldn't really call them standardized tests. It is notebooks that are done that the teachers report and the consultants work with them on that. And we are now going to an online work with the Pearson Work Sampling, which is going to roll in over the next couple years, so we will have all this data online so that it can roll in from pre-K right through P16. And we have a longitudinal data tracking system—

Mr. CASSIDY. Now, presumably, though, your teacher is the one entering the data. My 7-year-old could not, for example—

Ms. ROBINSON. No. The teacher is entering the data. You are correct.

Mr. CASSIDY. So there are at least the potential of gaming the system.

Ms. ROBINSON. Well, except that they are entering—they are doing a whole notebook, and the pre-K consultant is looking at that notebook. And in order for them to get funded again for the next year, or not to go on probation, or not to lose their funding, there are a whole series of criteria that they must meet.

Mr. CASSIDY. Would this induce the—or incentivize the people to discriminate against slow learners?

Ms. ROBINSON. No. It does not at all.

Mr. CASSIDY. Okay.

Ms. ROBINSON. Not at all, because if a child makes a movement from here to here, they are learning, and they have made a movement. And they don't all start at the same spot, but if they are moving forward in their learning, that is reported.

Mr. CASSIDY. Well, but any progress is not necessarily adequate progress, correct?

Ms. ROBINSON. No, but there are certain—they try to have them match certain benchmarks.

Mr. CASSIDY. Okay.

Mr. Soifer?

Mr. SOIFER. What Dr. Robinson is describing is a system of an effective authorizer, effective licenser provisions, all of which are critical to the process working well.

I wondered if I might to mention, in regards to your first question, one area where—when Congress reauthorized Head Start, there was language that we hope that those providers that are consistently perhaps not doing as effective job as others could be would be successfully recompeted. And I think as we watch that Head Start reauthorization be implemented, I think that is something important to keep an eye on as far as making sure that those providers are reaching those kids effectively and what we can do about it.

Mr. CASSIDY. I have to admit, in my own public school system back home, my kids go to public school—I am sorry. Thank you—talk about public school, he hits the gavel.

Chairman MILLER. Ms. Woolsey?

Ms. WOOLSEY. Thank you. Thank you for the wonderful hearing, Mr. Chairman.

We no longer live in a Leave It To Beaver time when the 1950s where, if a mom was poor, she actually got some subsidy and some help, a safety net through the welfare system. And if a family was middle class, mom stayed home. So kids had their moms around, even if their dad was at work or if they were in single parent homes.

Now, if a child is lucky enough to have a two-parent family, they are both in the workforce. And certainly if there is a one-parent family, except in really extreme circumstances, that parent is working, also.

So who is at risk here? Our kids. Not just poor kids, all kids, because they are so at risk of being left behind because their parents have to put food on the table and have to choose between putting that food on the table and actually sitting down at the table and eating with their children.

So I have legislation called the Balancing Act that is an omnibus bill. Dennis Kucinich's preschool legislation is in it. Rosa DeLauro's 7 day paid sick leave, and it covers paid family medical leave. It is huge. It is absolutely necessary to make it possible for parents to go to work and not have to choose between their children and their jobs. We have to stop putting them in that place.

A very important part of the Balancing Act is child care. The Balancing Act includes universal voluntary preschool and expanding and improving on child care itself, before and after child care, daycare, evening care, so that kids know that they are—and that parents know that their children are safe, secure, nurtured and in a learning environment.

So I just had to say all that. Standards have to be part of it. Now, the feds, if they are going to give money to a program, have every right to set a floor for a standard. The states have every right, as far as I am concerned, to improve upon that. If you want a better program, state by state by state, set your standards higher. But there has to be a minimum.

We just learned not too long ago in a study that came out on just child care centers and safety that licenses for child care centers does not mean that center has been inspected in years. And the accidents that are happening—and because of this, and the lack of safety in 2009 is just atrocious. So I have a bill to strengthen the standards for—and the safety standards for child care centers also.

What I would like to know from you is do you, as a group or individually, believe that we can and ought to have every child—and I don't mean just my grandchildren. They could be put in a box forevermore now after they are—

Well, they won't go in boxes. They wouldn't stay in the box. But they are going to be fine. But I worry about their parents, because they work so hard to—and then they concentrate on these kids every minute when they are home. I kind of worry about that, too. I didn't give—all my four kids didn't get that much attention.

But can we will we put together a plan that will give every kid universal preschool in the very near future? Are we willing? Do you—in your experiences, are we going to be willing—I have 1 minute for you to answer yes. Okay. Are we willing to take this forward?

Ms. RASMUSSEN. For the sake of the children and their families, yes.

Ms. MEYER. Dr. Jim Heckman from the Department of Economics at the University of Chicago, not exactly a hotbed of liberalism, says that there is only one—I would float that to you all—it is about the public will, but your leadership. There is only one real policy decision, and that is how to spend scarce resources in difficult times.

I think a system that looks like every other industrialized country in Europe—I won't say France because I would get in trouble—would be wonderful for this country. But if we don't have the re-

sources—there is a 50 percent dropout rate in the city of Chicago. It is not my kids who are dropping out. It is the kids at greatest risk, and we know how to keep them in.

And so I think we should go for it, but I think, given the resource problem in the country today, it is got to be progressive. That would be my suggestion. That is how we are doing it in Illinois, progressively.

Ms. WOOLSEY. Progressive.

Mr. SOIFER. And I would agree with Harriet, that it needs to be progressive, that the idea of starting with the at-risk kids. I totally agree with the universal system down the road, over time being able to build it in, but certainly starting with the kids that are most at risk, because those are the ones that we are going to have the most amount of difficulty with down the road.

Chairman MILLER. That is all the agreement you get in 1 minute.

Mr. Castle?

Mr. CASTLE. Thank you very much, Mr. Chairman. This is an interesting hearing.

Many years ago, almost in another lifetime, I was—and one—on the program focus on the first 60 months, which was—now about that time, and it has continued in various iterations since that since that time in Delaware.

And that is going to end up being my question. But in my judgment, it is—in terms of helping kids. But I am not 100 percent sure that—or whatever to determine—working or not working. And maybe you can't either. I mean, maybe in the agencies that you run or programs you have seen, you can make your own judgment.

But my question—can anyone enlighten us as to whether or not actual—or different outside—or anyone else who is looked at these programs to determine what is really working or not working, which is one part of my question.

And another part of my question is, do those—or whatever they may be, show the groups that—help? I mean, it is apparent that lower income and perhaps single parent households and a variety of things may need help. But is there some—determination that you feel is helpful in learning that? You might have different answers to this. But I am just curious as to—any of you can tell me where you look for your guidance as to what is really working or not working in terms of early childhood education. It is an open-ended question.

Ms. MEYER. Well, I will start, because everybody will want to pitch in on this one.

Certainly, Heckman's work is very, very good. Dr. Jack Shonkoff at Harvard and his child development—all the center there with the developing child gives you a tremendous amount of research from numerous scholars that contribute to that body of work. And there are a number of states that had very successful programs. If you are looking at particularly a pre-K program, Georgia has a very strong Georgia pre-K program. Oklahoma has a very strong pre-K program.

And there are different types of rankings that come out around the country, although there is some controversy that they are not comparing apples to apples and oranges to oranges in those dif-

ferent studies. But certainly Heckman's work, certainly Dr. Jack Shonkoff. Gormley from Georgetown has done some wonderful work looking at pre-K and at early learning. And then somebody else can—I mean, I will just—I don't want to list all—

Ms. ROBINSON. Well, I think we are all going to say the same thing. You hit my first three. I often look at child trends, because they are nonpartisan, and I think they look in a very measured and deliberate way at the research.

I think—and of course, NICHD, the National Institute of Child Health and Development. I think the most important thing I would leave you with is researchers, I love them to death, you know, but their currency is beating up on each other about what piece of research that didn't get my left ear but it got my right ear, is to always answer this question, "What works for whom in which circumstances?" And that really matters a lot.

The NICHD longitudinal child care study doesn't have the children of teen moms. So they are part of the at-risk community we are thinking of. So just make sure you ask that question of whatever research you are looking at, whether it is David Olds, early Head Start, the size of the impact, what is modest, what is not. They have always got an answer for that.

Ms. RASMUSSEN. I would just say I would—when you mentioned Dr. Jack Shonkoff, if you really want to read up on this, the sort of bible of all this is *Neurons to Neighborhoods* by—with Jack as the key author of that with a team of experts from all across the country.

But I think it is also important to recognize—and yes, there are many studies that do show—and both Dr. Robinson and Harriet referenced these—but there is still a lot we need to learn. We have not figured it all out. We don't know precisely the answer to the question that Harriet just asked in terms of exactly what does each child need and what kind of program is going to best serve them, or what kind of an approach would—this family is going to work with.

I am working on an innovative research project in Kansas, working with teen moms, and they have decided one of the best ways to communicate with teen moms is texting. So they are texting on a regular basis, reminding them to go to the clinic for their well-baby checkup, reminding them that they should be reading to their children today. Have they followed through on the request from their child care center? And it seems to be working.

But my point here is really not to now advocate for texting as a primary strategy, but the fact that we do have to invest in continuously asking ourselves, is this working, and how are we going to know when it is working, and how are we going to hold ourselves accountable for constantly pushing to learn more about what is effective.

Ms. STEBBINS. It is clearly a dynamic process, because the demographics are changing. The types of children you are serving are changing. They have changed dramatically in my area in the past 5 years. So I think we need to keep all of those things, and I would absolutely agree with that—

Chairman MILLER. The rest of you are going to have to text your message in here.

Mr. CASTLE. Thank you.

Chairman MILLER. Mr. Castle is ready to receive it, I can tell.

Ms. Hirono?

Ms. HIRONO. Thank you, Mr. Chairman, and I thank the panelists.

Quality early education has been one of the issues that I have really focused on here. And I agree with you, Ms. Stebbins, that the research is in, and we really need to be focusing on, from a policy standpoint, what the federal government can do, also recognizing that this is dynamic. It is not a situation where one size fits all, because we are really dealing with individual children and their families.

The last session of Congress, we marked up in this committee and passed out of this committee the Pre-K Act of 2007. And I am wondering if you all are familiar with that. It is a grant program that provides flexibility, and it is to support, not supplant, what states are doing, because what I am hearing from all of you is that all the states have different priorities, which is how it should be, in my opinion, and I see some of you nodding your heads.

Now, I have introduced that bill, by the way, in this session, and I am wondering whether you think that this is a good way for the federal government to support what states are doing toward quality early education. You are nodding your head, Ms. Meyer.

Ms. MEYER. Yes, especially with funding. It is birth to five, correct?

Ms. HIRONO. Yes. Well, pretty much.

Ms. MEYER. Then yes.

Ms. HIRONO. Yes. I mean—there is a lot of flexibility for the states.

Ms. MEYER. Yes, that is what I was just going to say. Did they give a lot of flexibility to the states?

Ms. HIRONO. Yes. That is the whole point of the grant program.

Ms. Stebbins, are you familiar with the bill?

Ms. STEBBINS. I am not intimately familiar with it, but I agree that a bill that focuses on children birth to five, that increases resources with flexibility at the state level, it is exactly what we need.

Ms. HIRONO. Thank you.

And Dr. Robinson, something you said caught my attention. You said that facilities is a huge issue because there aren't enough of these—whether they are standalone facilities or not.

And I am wondering whether Georgia has—can the state issue bonds to—preschools? And if so, has it done so?

Ms. ROBINSON. What we have is the individual school systems can do a splat, which is a one-cent tax. And then they decide, in their local school system, in their local school district, what they are going to use their splat dollars for. And if they have a pre-K class or they want to expand pre-K facilities, they can use that.

But because we are a program that more of our providers are private providers than the public school systems, it is about a 55-45 balance, or a 60-40, depending on the year, and it changes each school year, that percentage. The private providers, we have areas where there are not enough providers, public or private, and people cannot afford to build the facility. So it is an ongoing issue.

And we particularly have large areas in the state of Georgia where the population has just exploded. I mean, the school systems have exploded. We have one of our largest school systems that had to move all of the pre-K out of their public school system and push all the private providers because they needed those classrooms for first, second and third grade.

Ms. HIRONO. I understand. That is a problem. We faced a similar situation in Hawaii, which is the only statewide school system in the country. The statewide school system does not incorporate early education or preschool as part of its mission because they simply don't have the resources.

And one of the ways that we addressed this was through a public-private partnership where we went to the state legislature for bonds to create these standalone preschools on elementary school campuses—would come in and actually run the programs, because the—provided—based programs,—had the—schools themselves.

So I toss that out as something that might—in some of your other states. Anybody want to respond to that thought?

Ms. MEYER. Well, we have been fighting for a capital bill in the state of Illinois for years now, and it has moved up on the agenda. And depending on the state of our deficit and the budget announcement will be made tomorrow, I think we are expecting a very big capital investment.

The important piece is that we all fight at the state level to ensure that our local state Boards of Education understand that early childhood needs to get a piece of that. So we have been fighting for set-asides, because it is hard to get the ear of our local state superintendents.

Ms. HIRONO. I can't read. Even with my glasses, I can't read. It is Mr. Redmon? Okay.

You mentioned that what we need to do at the federal level is to promote a collaborative approach. Can you—, or do you have any thoughts on how we can make sure that—for example, I have re-introduced a Pre-K Act, and presumably, that should promote collaboration. Do you have any specific thoughts about how the federal government could promote collaborative efforts?

Mr. REDMON. Sure. I certainly think that the kind of programs like Head Start, Early Head Start, that are in Health and Human Service and the Department of Education and how those funding streams and how those pieces fit together are certainly a big part of how people can collaborate on the federal level and make decisions about what is the best way to spend funding for early childhood.

I think making sure that health is involved, have a whole group that is involved in early childhood, because I think that is what we have tried to do in Kansas, is to say Department of Health, Department of Education, Department of Health and Human Services all get together and be able to work on early childhood issues. And to see that reflected on the federal side, as well, is what I think I am trying to get toward.

Ms. HIRONO. So any kind of legislation that we would be pushing through, such as even a grant program, that there should be a reference or a requirement that the various players are collaborating—

Mr. REDMON. I would agree.

Ms. HIRONO [continuing]. In order to get the grant.

Mr. REDMON. I would agree.

Ms. HIRONO. Thank you.

Chairman MILLER. I would be glad to have your statements for the record, but I want to try to get people in before we go into session.

Ms. Biggert?

Mrs. BIGGERT. Thank you, Mr. Chairman. Thank you for holding this hearing.

And I would like to welcome Ms. Meyers for being here. It is great to see you. The Ounce Of Prevention in Illinois has just been such a force in Chicago for advocating for zero through preschool in Illinois. And I know that it has been tough recently with the budget constraints that we have had, and I do hope that that changes. And Irving Harris did so much to really get down to the level of the birth and how important that was.

Having probably one of the few people that has ever worked in a Head Start program, I volunteered the first year that it was in existence at Hull House, and so I have been hooked ever since on Head Start and Early Start. And now, seeing and going and visiting the schools in my district to see how they are working it, it is so impressive to see what is happened and how it has grown and grown.

Going back, though to the early childhood, I have also gone out to physicians—this is a program that was started a few years ago—to read to babies that are brought in for their—bringing in babies for their first physician checkup, and then they are given the books to take home, and then they come back for various—when they come back for their checkups. And this is low income.

And to see the interest I think that the kids and the mothers—or fathers, whoever comes in with them, and I wondered. One of the things that was told to me, and I don't know. I am actually supposed to do that again this year, so—but whether they would then track the kids, and when they went to Kindergarten, they would see how ready they were for Kindergarten, or for preschool. And I wonder if any of you have any data on that, and is this program working.

It might be a little bit early. I think this was about 5 years ago, but—

Ms. MEYER. It is Barry Zuckerman's Reach Out And Read program. And it is a great program because it is so easy. It is such a no-brainer. And I believe he does have data, and I will be sure and get that to you.

I think there is something that is really important to remember about the early years, and one of the Congressmen was talking about. It is not just literacy and language acquisition, and we are not teaching our kids. Kids end up loving reading because they want to be like their parents. And they see that their parents love to read, so then they walk around the child care center bidding for the teacher to have them read a book, too.

And that is the beauty of that program. It is easy. It is a no-brainer. It is inexpensive. And my understanding is it is really going to scale. I mean, it is happening all over the country. So I

think it is a great example of what can be done in one area of our community that Helene was talking about with the health community.

Mrs. BIGGERT. I have to give one small story.

I was doing a PSA on early reading, and I had my 10-month-old granddaughter on my lap, and talking about reading. And when I said, "And read," she grabbed the book like this, and was looking down at it. It was perfect. You couldn't have gotten somebody to do that if you wanted to.

But all these programs seem to be so important, and yet we are still having the kids that are entering, and they are in the Kindergarten not ready for school. What more can we do, then, to encourage that? And I understand that—I am worried about this reading program, that I think there was some talk of canceling it. Had anybody heard that? Well, I will check the budget again, but I thought that that might be in there.

What else can we do? If you were sitting up here, what would you want to do, to help you?

Ms. STEBBINS. I think many of us have talked about the need for coordination and how there are multiple programs coming at the state level. I want to remind you that the Head Start Reauthorization Act created early learning councils that have to be created in every state. Illinois' is a model of that. But—and funding in the Recovery Act will fund those councils, but they require a 70 percent match of state funds in order to drive down the federal funds.

So one of the things that we are looking at right now is what is going to count as that match and how we can ease the state burdens so that the federal dollars can flow to create the oversight body that we all think is so important.

Ms. MEYER. I think, too, it is really important that the early learning councils are not perceived as a Head Start early learning council. They are to be inter-agency and comprehensive, so that is one thing. Certainly we need resources.

I think we have to look honestly at our really good programs and figure out what is the rigor necessary to improve their quality so people don't think that we are going to de-fund Head Start or early Head Start, but we have learned a lot. You were saying that before. How do we upgrade them?

And the last thing I will leave you with is the notion of competition in early Head Start. There are communities that serve 14 kids, or 30 kids, and you can't go in and compete in those communities because grantees own those communities. It is a really backward notion of trying to reach the most at-risk children, so I would really look at the way early Head Start designation is done and look at it very, very quickly.

Mrs. BIGGERT. Thank you. I yield back.

Chairman MILLER. Thank you.

Mr. Scott?

Mr. SCOTT. Thank you, Mr. Chairman.

We have just heard that we need to do a little more research on what works and what doesn't work. But is there any question, as a general policy, that investments in quality early childhood education for children at risk of failure will reduce crime, reduce wel-

fare, and reduce the need for remedial education? Is there any question about that?

Ms. MEYER. The Chicago Longitudinal Study is the study that has tracked that.

Mr. SCOTT. Although you don't have all the answers, there is no question about that. Is there any question that the investments probably save more money than they cost? I mean, the research is pretty clear on both of those. I say that because my other committee is the Judiciary Committee, where I chair the subcommittee on Crime. And we are spending money on incarceration. The Pew Research Foundation just had a study a couple of days ago that says that incarceration rates over 300 start getting to the point of diminishing returns.

Over 500 per 100,000, it is actually counter-productive. The United States is one of only two countries known on earth to be over 500 already. It is 700 per 100,000. Some states, the minority incarceration rate is around 4,000 per 100,000.

Now, if you look at what we are spending just on the counter-productive part of that incarceration and divide it out, you are talking about \$3,500 per child per year. And if you target it to half or a third of those most at risk, you are up to seven to \$10,000 per child per year that we are spending on something that has proven to be counter-productive.

So we don't need to wait for the pristine studies that show everything. We have got enough on the table that show that these investments work. They save more money than they cost, and it is what we are to be doing.

Ms. Meyer, you mentioned brain growth. Can you talk about the importance of quality childhood education zero to three in the context of brain growth?

Ms. MEYER. Sure, because Jack Shonkoff's not here to call me a fraud.

Look, what we know is that there is this rapid explosion of neuronal development, and the architecture gets set during those early years. So it doesn't mean that trying to intervene later is impossible. It just means it is more difficult. It is easier during those early years.

So how do you do it? You do it through relationships. Children learn what the world is about and how the world will relate to them via their relationships with caring adults. That is why close and important responsive parenting is necessary. Parents, we need to remove as much stress as possible. But that is why childhood ratios and group sizes matter more during the early—first 3 years of life, frankly, than they do in preschool, because children have to have personal relationships with their caregivers.

Mr. SCOTT. But because of brain development, if you miss that opportunity, you are playing catch up—

Ms. MEYER. You are.

Mr. SCOTT [continuing]. When you could have had much more cost-effective intervention at that point.

Why do nurse home visits—why are they so successful? Does anybody—

Ms. MEYER. Sure. I think they are really successful because—for two reasons. Number one, David Olds has really good research, and

he had the money for longitudinal study. So I would urge you all not to be afraid to fund research. We could use that kind of data.

I think that nurses—there is a screening. You want a caring individual. And if you decide to enter the nursing profession, you have already sort of been deemed a person who is a caring individual and better able to sort of work with families and provide the kind of relationship-building that they need.

But also, I think there is a certain amount of authority that goes along with a member of the medical profession. It is one of the reasons Reach Out And Read works so well. When a doctor says to do something, you tend to do it.

I think there is a great opportunity for nurses entering high-risk homes to really get in around the time of birth and speak with authority. I do not, however, believe that nurse-family partnership is the only way to reach poor families. In fact, David Olds has made it pretty clear that it only works with the firstborn child of a teen mom, which means there are a lot of other children out there who it won't work for.

Mr. SCOTT. But those studies have shown significant—long-term significant reduction in crime?

Ms. MEYER. Yes.

Mr. SCOTT. Save more money than they cost?

Ms. MEYER. Yes.

Mr. SCOTT. And one of the reasons is you are reducing child abuse, which is highly correlated with future crime.

But, I mean, when you have things that save more money than they cost, it seems ridiculous that we would actually spend the kind of money we are spending on programs that have been studied and shown to be counter-productive.

So I thank you for your testimony.

Chairman MILLER. Thank you.

Mr. Hinojosa?

Mr. HINOJOSA. Thank you, Mr. Chairman, and I want to thank the panel. All of you are—and have very interesting responses.

I couldn't help but pay close attention to my colleague, my friend, Congressman Castle, asking what groups need the early childhood development programs, and some of the responses with researchers and so forth. Also, another one of my colleagues asked what works for what children.

I think that research is very valuable, but so is the information that I have heard just from parents, parents who have children from what you call at-risk, from Hispanic and African American families, and how is it that they have some success models. And what I hear from them is that early reading plus writing equals success in school.

Well, I had a field hearing out in California, and I met with the chancellor of the University of California system. And they introduced me to a program called PIQE, P-I-Q-E, Parents Involved in Quality Education. Very successful, and the idea is to get parents to read to children when they are 1 year old, 2 year old, 3, 4, all the way through the 6th grade.

And their—the group that leads that program of parental involvement tell me that it is so successful that children listening to the mother or the father, or possibly siblings, reading to them

every single night for 30 minutes or longer has been the difference in the successful children being able to develop a good vocabulary, and in many cases bilingual.

So I say that this is something that is extremely important to all the children we are trying to prepare to be school ready in the first few years, and then, by the time they get into Kindergarten, first grade, that they are reading at the grade level necessary, and that they continue so that they indeed will go on to high school and graduate.

So I am going to focus on my questions in an area that I represent, which is 80 percent Hispanic. And my question would be to Ms. Harriet Meyer. How is Illinois ensuring that its early childhood programs are meeting the needs of English language learners and their families?

Ms. MEYER. Well, with our Preschool For All initiative, we have a large, growing Latino population. So, in two respects—I am going to go back to Representative Hirono's question about the capital investment.

There is agreement that all the capital money, if early childhood gets it, will go into the Latino community, which is the fastest growing community. So we hope to be able to build centers there first. There is a big, big emphasis on training bilingual educators.

Research is very clear that, in the earliest years of life, family language trumps what happens in a child care center, but by the age of three or four, you really need bilingual educators. So, in fact, we have a subcommittee of our early learning council called Special Populations, and they have just made a very detailed recommendation to the Illinois state Board of Ed, which rejected most of the recommendations—thank you very much—to ensure that, within the next 3 years, there would be—that all dollars that are RFP'd out would require that there be bilingual educators in the classroom. So that is one way we have been going about it.

The zero to three programs that go out are research-based, are set on Early Head Start standards, then they allow a community to reach out to a program just like the one that you have mentioned to incorporate it into their program and into home visits. So that is basically the way we are looking at it.

Mr. HINOJOSA. So what I hear then confirms my thinking, that the early reading plus writing and parental involvement combined so that we teach—in PIQE, they teach parents how to read to children. Remember that many of the parents are drop-outs because one of you said half of the students are dropping out, so that means that a lot of single mothers who are—mothers are drop-outs that wouldn't know how to read to their children. So that training then is very important.

My next question is to Jessie Rasmussen. What are some of the quality issues or indicators for early childhood programs that serve the English language learners and their families?

Ms. RASMUSSEN. What are the quality indicators that are serving those families?

Mr. HINOJOSA. What are the quality issues, or possibly the indicators?

Ms. RASMUSSEN. Well, part of it is what Harriet just said in terms of having staff that are bilingual. One of the things we have

haven't talked much about today is professional development. As we talk more and more about the importance of the early learning in the first 5 years and understanding child development, we need to get more and more people who are trained in that body of knowledge.

One of the things we did in Nebraska was actually target our Latino community for the TEACH scholarship program, which is promoting folks that are working in early childhood programs, getting their post-secondary education or their associate degree or their bachelor's degree. And then, we actually arrange for the classes to be delivered in Spanish, making it easier for the folks to get those credits.

So I think that one is the staff that is a quality indicator. I think the other is—it goes beyond the language, and that is the cultural reflection that is there in the program in the physical environment, as well as a sensitivity to the families that are having their children in that program.

So I think it is both. You should see in the program a reflection of the cultures of the children that it is serving as well as the languages.

Mr. HINOJOSA. Thank you.

I wish I had more time, Mr. Chairman. Thank you.

Chairman MILLER. Mr. Kildee?

Mr. KILDEE. I apologize for not being here. I was at another meeting, and I have no questions, but I may submit some in writing.

Chairman MILLER. Thank you.

Thank you very much for all of your testimony and your help here.

Mr. Redmon, I mentioned in my question that I would get back to you. You had raised the issue of—you thought it was difficult to coordinate funding at local and state levels, but you seemed to indicate that you are making progress on that. But you find it a challenge to also figure out how then to coordinate that with federal funding. Is that a fair—

Mr. REDMON. Absolutely.

Chairman MILLER. You want to elaborate on that?

Mr. REDMON. I think when funding comes down from the federal level, that—Head Start funding, for instance, goes right over the state, which is fine. But I think that the idea that having Head Start programs be able to collaborate with their local partners is something that sometimes can be challenging in some communities. Not all communities, but in some communities, so it is not really a requirement that is in there.

I think that our Child Care and Development Block Grant fund to come down. States spend them in a lot of different ways, and how those end up flowing through to—from the state to local communities, and the rules that are put in on a federal level and how that connects back up to what we are trying to do in the state sometimes can be challenging.

So I think that we made progress in terms of making those pieces fit together. I think the other part is—

Chairman MILLER. So you are saying you are doing better with the community development block grant, you think, in that kind of coordination?

Mr. REDMON. Yes. I mean, I think we are making progress in terms of how that is working.

I think the others—and I think other people mentioned it, data collection, different programs require different data to go to different federal agencies. And I think to have a more unified data system from the federal level would help states be able to figure out how to unify their data systems in a better way. I think right now we have a lot of disparate ways in which we talk about data, but it would be nice to see it combined in some way that—or put together in some way. That makes it easier for states to be able to deal with all the different federal funding requirements.

Chairman MILLER. One of you mentioned the federal effort on data. Obviously, we have been having this battle for some time, trying to get states, including my own, to develop these data systems. I think we are in about the last lap here, because I think with the new Secretary and the President and some resources the Secretary can provide, hopefully we will have all of the states, if they want to continue to access federal money, will have the data systems online with the 10 critical parts of that.

But that does not speak to early childhood education. But it would seem to me that if they do, in fact, have that at the states within the next year or so, that that would start to give a place where we could consider plugging in this kind of data, because you now know the continuum of the systems, so what is helpful to them and what is helpful to you.

So I think that is going to be a continued push here. We just cannot continue to do as we do with the haphazard fashion we do with our children in this country. That data can be obviously immensely helpful to teachers and providers and to parents and to everyone involved in that system.

Mr. REDMON. I agree that it is not only just you out collecting the data, but how do you use the data once you get it. I think that that is going to be, from the state and local side of it, it is one of the challenges that we have, through even our Children's Cabinet, is taking the data, looking at it, parsing it down and being able to have an understanding of it so that we can help programs either improve or move them on to other strategies that may be more effective.

And so I think it is how—

Chairman MILLER. It is a bit—as the Secretary says, it is a bit of a culture change, because most education entities prefer to have data that they couldn't use. They would prefer to be out of date, that it be old, that it not be timely, and they just move along and continue doing what they were doing. Good data is a challenge to organizations of any kind, in the private sector or public sector. Good data challenges your thinking, very often. What you thought was true doesn't necessarily turn out to be so.

Excuse me, Dr. Robinson?

Dr. ROBINSON. I was just going to make one plea. And as you all look at how—

Chairman MILLER. You have made more than one plea here today.

Dr. ROBINSON. I know.

Chairman MILLER. Okay, but this is your big plea.

Dr. ROBINSON. No. Well, this ties back to my original—

Chairman MILLER. Yes. Oh, I see. This is a subset of your previous plea.

Dr. ROBINSON. It is a reminder of the plea that—and for those states that have agencies, if we could please, as you work on these federal dollars, be sure that the dollars flow to the zero to five agency. Thank you.

Chairman MILLER. We don't want to have to pay a commission, though, for you to pass it on.

Ms. ROBINSON. No, sir. No sir.

Chairman MILLER. Okay. All right.

Thank you very much. You know, there was a method to our madness in inviting you, and that is that I feel that, for too long, this discussion about funding and criteria and the mix of programs has been locked in a competition for inadequate funding, so people take positions that sometimes seem to be relatively inconsistent with the well being of the child and the family and their opportunities.

The fact is that all of you have participated in crossing a lot of those lines and a lot of those barriers, and I think that is important to break down some of these old—I start with my first question to you, Ms. Rasmussen, on these false dichotomies that exist about the children.

I think you and other states and programs have demonstrated that, if you really focus on what is good for the child, that you start to cross those lines rather rapidly. And the old distinctions just don't really hold up, again, under data, under what we have learned, the massive amount of research that you all cited, we have been living with now for a long time, but we haven't necessarily acted upon it. So you are our pioneers in this effort to see if we can start to reconfigure how we look at these programs.

I am a little concerned that there continues to be this discussion that somehow, if we can just have good parents, that relieves us of the responsibility. I find in my own family and in the district I represent, a lot of times, really good parents are put in really bad situations because they lose a job, they have a long commute. A lot of things happen to people, or they have health problems. And right away, the discussion is about whether or not they can continue to keep their child in the care that they have selected for them. Are they going to have to just go to "a babysitter?"

These are tough questions for very good people, and so this discussion somehow that this is really about good and bad parents. I think it is really about whether or not we can help parents understand the importance of their involvement with their children on the positive side. I mean, it is just remarkable. We all witness it. You are all referring to your grandchildren, we all—with the miracles that happens here know they get a lot of attention and they get a lot of direction, and they get a lot of reinforcement.

I had the chance to spend several hours in a Los Angeles airport Sunday watching parents with their children. I am sure they are

not all bad, but they are sure as hell yelling at them in very harsh fashions. I suspect that stress is a greater indicator of what is going on with those parents and those children.

So we want to—again, why we asked you to testify is that the American workplace has changed dramatically. Our economy has changed dramatically. We expect, when we emerge from this economic downturn, we will in fact emerge with a somewhat different economy than we entered it with, with people going through dislocations and retraining, and we see people returning to those to try to upgrade their skills.

Their lives are changing dramatically. And I think this idea that somehow this is a separate system, and if they are fortunate enough to access it, rich enough to access it or smart enough to access it, then they might catch a break for their kid just has got—this has got to be part of our employment system. And you can't just keep shifting this off onto people and suggest, if the stars are all aligned, then they win. If they are not, then they get something in between. And if they have no access to that, then they lose.

Again, this is something that families struggle with. And in a changing workforce, I think we have got to see that the system becomes simplified. It becomes flexible. It becomes accessible and affordable. Sounds like another conversation we are having around healthcare.

Well, this is every bit as important to these kids. However we share the responsibility between families and programs, it is every bit as important to that child as the rest of the healthcare discussion. And I think that is what the debate showed.

So thank you for being the first in this session of Congress. We hope that we can continue to call upon you as an intellectual resource as we work our way through here with Ms. Hirono and the other members of the committee that have demonstrated so much interest and work on behalf of this issue of early education.

Thank you. And with that, the committee will stand adjourned. Thank you to all the members.

[Questions for the record and their responses follow:]

U.S. CONGRESS,
[VIA FACSIMILE],
Washington, DC, March 26, 2009.

Ms. HARRIET MEYER, *President,*
Ounce of Prevention Fund, West Monroe Street, Chicago, IL.

DEAR MS. MEYER: Thank you for testifying at the March 17, 2009 hearing of the Committee on Education and Labor on "The Importance of Childhood Development."

Representative Lynn C. Woolsey (D-CA), member of the Early Childhood, Elementary and Secondary Education Subcommittee and member of the Workforce Protections Subcommittee, has asked that you respond in writing to the following questions:

1. How much do you think it would cost to provide high quality child care to one child for 9 hours a day, 5 days a week, 52 weeks a year?
2. In addition to increasing funding, what changes would you suggest to the Child Care and Development Block Grant (CCDBG) to improve quality and access?
3. If the federal government sets a floor or baseline for the minimum level of child care quality that states will need to meet, what should be the minimum requirements of this system?
4. How would you suggest we encourage states to go above and beyond any kind of federal quality baseline or floor?

Please send an electronic version of your written response to the questions to the Committee by close of business on Tuesday, March 31, 2009—the date on which the

hearing record will close. If you have any questions, please do not hesitate to contact the Committee.

Sincerely,

GEORGE MILLER, *Chairman.*

Ms. Meyer's Responses to Questions for the Record

1. How much do you think it would cost to provide high quality child care to one child for 9 hours a day, 5 days a week, 52 weeks a year?

The cost of a high quality full-day, full-year care and education program serving low-income children from birth to age 5 would average \$18,000/year per child. The cost of infant and toddler care is higher than that of preschool care and education, and this annual cost is an average of the cost of infant and toddler care and the cost of providing education and care for preschoolers. A funding level of \$18,000/year per child would cover key elements for creating high quality child care and education, including: high teacher/student ratios, small group sizes, adequate compensation for qualified caregivers and lead teachers with BA-level degrees.

It is important to note that the funding to support high quality does not have to come from a single funding source. Existing and new state and federal funding sources such as CCDBG, Early Head Start, Head Start, and state Pre-K and 03 funds can be braided together to cover the cost of high quality services. This will require that policies governing the use of these funds be aligned to facilitate and encourage braiding of funding streams.

2. In addition to increasing funding, what changes would you suggest to the Child Care and Development Block Grant (CCDBG) to improve quality and access?

In addition to being sufficiently expanded, federal funding for CCDBG should be reformed to incorporate the following strategies to improve quality and access:¹

- Set a one-year eligibility determination period for child care assistance to promote children's learning through continuity of care.
- Provide grants to community-based organizations with expertise in serving populations with limited English proficiency to develop and implement effective outreach models to help eligible families learn about and obtain child care assistance.
- Establish and operate a statewide Quality Rating Improvement System (QRIS), which would rate the quality of care offered by various providers. The rating system would be comprised of criteria appropriate for each age group, including: providing a linguistic and culturally appropriate early learning environment that promotes children's development and school readiness, appropriate staff-child ratios, appropriate group sizes, high standards for staff qualifications, education credentials and compensation, opportunities for parent involvement, regular program evaluation, inclusion of children with disabilities and other special needs and a safe physical environment.
- Improve and expand Infant and Toddler Care by issuing grants to establish and operate neighborhood or community-based family and child development centers which provide high-quality, comprehensive child care and development services to infants and toddlers. Priority for grants should be given to centers in low income neighborhoods.
- Support the creation of an adequate supply of child care facilities by authorizing federal funding to establish an ongoing pool of capital for the renovation and construction of facilities in low-income communities, including those serving families with limited English proficiency.
- Increase the supply of care for geographic or demographic areas where shortages are identified through developing and implementing strategies such as: higher payment rates and bonuses or direct funding (through contracting or grants) to programs which target those populations. Examples of these high need areas are: children in low-income and rural areas, care for infants and toddlers, care for school-age children, care for children with disabilities and other special needs, care for children in families with limited English proficiency, and care during nonstandard hours.

¹"Developing America's Potential: An Agenda for Affordable, High-Quality Child Care" <http://www.nwlc.org/pdf/ChildCareAgenda.pdf> Developed by: American Federation of State, County and Municipal Employees; Center for Law and Social Policy; The Children's Project; Early Care and Education Consortium; National Association for the Education of Young Children; National Association of Child Care Resource & Referral Agencies; National Association for Family Child Care; National Council of La Raza; National Women's Law Center; Service Employees International Union; and Zero to Three.

- States should report annually to the Secretary of Health and Human Services on how these strategies are being used to expand the supply of high quality care and education to high need areas of the state and/or for particular categories of children where shortages of high quality programs are identified.

3. *If the federal government sets a floor or baseline for the minimum level of child care quality that states will need to meet, what should be the minimum requirements of this system?*

States should be required to ensure that all child care meets basic health and safety and child development standards through:

- Providing written health and safety standards appropriate to the setting of the provider and the age of the children.
- Meeting national accreditation standards for teacher to child ratios and group sizes.
- Requiring all providers to have at least 40 hours of appropriate and accessible health and safety and child development training and 24 hours annually.
- Ensuring that all children receive a developmental screening and referrals for appropriate services when they enter care.
- Inspecting and monitoring all providers at least twice a year to ensure compliance with these requirements.

4. *How would you suggest we encourage states to go above and beyond any kind of federal quality baseline or floor?*

We suggest the development of Birth to Five Challenge Grants, which would set standards for high quality and encourage each state to develop a coordinated system across new and existing early childhood funding streams. Eligible programs would serve infants, toddlers and preschoolers who choose to apply for additional funding to invest in key quality components, including: professional development, monitoring, training and technical assistance for quality assurance; program evaluation and management information systems; and supports to promote healthy social and emotional development for all children.

Birth to Five Challenge Grants would require a consistent set of program standards across settings (e.g. nonprofits, for-profits, schools) to ensure that all programs boost school readiness and build a solid foundation for later achievement. Program standards and curricula would be aligned with Early Learning Standards that describe the knowledge and skills that young children are expected to master. Classrooms serving 3- and 4-year-olds would be led by teachers with bachelor's degrees and specialized training in early childhood education. Center and home-based infant and toddler program staff would be required to have specialized training in the development of children from birth to age three and, over time, to obtain further credentials and/or degrees.

Many states have established early childhood programs without supporting investments in those components needed to ensure quality, including professional development; monitoring, training and technical assistance for quality assurance; program evaluation and management information systems; and supports to promote healthy social and emotional development for all children. A Birth to Five Challenge Grant program also would provide funding for the quality enhancement components needed to build and sustain vital state early childhood systems.

U.S. CONGRESS,
[VIA FACSIMILE],
Washington, DC, March 26, 2009.

Ms. JESSIE RASMUSSEN, *Vice President,
Buffett Early Childhood Fund, Farnam Road, Omaha, NE.*

DEAR MS. RASMUSSEN: Thank you for testifying at the March 17, 2009 hearing of the Committee on Education and Labor on "The Importance of Childhood Development."

Representative Lynn C. Woolsey (D-CA), member of the Early Childhood, Elementary and Secondary Education Subcommittee and member of the Workforce Protections Subcommittee, has asked that you respond in writing to the following questions:

1. How much do you think it would cost to provide high quality child care to one child for 9 hours a day, 5 days a week, 52 weeks a year?

2. In addition to increasing funding, what changes would you suggest to the Child Care and Development Block Grant (CCDBG) to improve quality and access?

3. If the federal government sets a floor or baseline for the minimum level of child care quality that states will need to meet, what should be the minimum requirements of this system?

4. How would you suggest we encourage states to go above and beyond any kind of federal quality baseline or floor?

Please send an electronic version of your written response to the questions to the Committee by close of business on Tuesday, March 31, 2009—the date on which the hearing record will close. If you have any questions, please do not hesitate to contact the Committee.

Sincerely,

GEORGE MILLER, *Chairman.*

Ms. Rasmussen's Responses to Questions for the Record

Thank you for the opportunity to provide additional information regarding early childhood education as part of the March 17th hearing of the Committee on Education and Labor on "The Importance of Childhood Development."

As I indicated in my original testimony, the research is clear—giving children at risk the opportunity to participate in comprehensive, high quality birth to five early childhood programs can change the life trajectories of these children by setting them up for success in school. A significant number of children from families of low income are in the care of others for much of the day because their parents are working. Therefore, the quality of child care for children at risk is of paramount importance as wherever children are in the first five years of life, they need safe, nurturing and stimulating environments.

There are aspects of the Child Care and Development Block Grant that limit access for children at risk to highly effective early childhood programs. The Block Grant is not only underfunded but it is often implemented to purchase the least expensive care which often equates to the poorest level of care. I am pleased that I can share some ideas for improving the child care subsidy program.

1. *How much do you think it would cost to provide high quality child care to one child for 9 hours a day, 5 days a week, 52 weeks a year?*

a. Infants and toddlers—\$15-18,000/year: Infant-toddler care is more expensive because of the importance of small class sizes and low adult-child ratios. There is growing evidence that some of the most important language and social-emotional development occurs in the first three years of life. Therefore, it is critical that programs are designed to allow maximum interaction between babies and their caretakers.

b. Three and four year olds: \$10-12,000/year

2. *In addition to increasing funding, what changes would you suggest to the Child Care and Development Block Grant (CCDBG) to improve quality and access?*

All of the following suggestions are predicated on increased federal funding to adequately cover the costs as many states are already investing considerably more than the required maintenance of effort (MOE) for the Block Grant.

a. Establish 185% of poverty (or correlating percentage of state median income) as the required minimum standard of eligibility for receiving child care subsidies.

b. Require state child care subsidy rates to be based on the quality of the program. While some states have tiered reimbursement rates based on the quality of programs (e.g. nationally accredited programs receive higher reimbursement rates), many states are unable to implement this strategy due to fiscal restrictions. Even with tiered reimbursement schedules, the subsidy rates are often based on something less than what it actually costs to deliver highly effective programs. At a minimum, rates paid to providers for children eligible for the subsidy should be set no lower than at the 75th percentile of the most recently conducted Market Rate Survey—which is conducted every other year.

c. Require 12 months continuous eligibility. Many states require parents to re-establish their eligibility for the child care subsidy every month even though there has been no change in the family income. Implementing 12 months continuous eligibility does not mean parents would receive the subsidy regardless of their income; it means they would only have to reprocess their eligibility when their income changes or at 12 months.

d. Require child care subsidy payments to be based on enrollment rather than attendance. Many states do not pay a provider when a child doesn't attend the program. While this seems to make fiscal sense, the fact is that the costs of running the program do not decrease when some of the children are not present. Paying only for attendance is a major disincentive to serving children dependent on the child

care subsidy. All other families (non low income) pay for a place in a child care program—that fee doesn't change regardless of their child's attendance rate.

e. Increase the amount of quality funds for each state to encourage the implementation of strategies to give children of low income access to high quality early care programs and to assist programs serving children on the subsidy in improving the effectiveness of their programs.

f. Cap co-pays at no more than 10% of household income for families earning 185% federal poverty level or less.

g. Cap co-pays at no more than 20% of household income for families earning between 185% of federal poverty level and wherever states set their eligibility.

h. Reward states with no waiting lists.

3. *If the federal government sets a floor or baseline for the minimum level of child care quality that states will need to meet, what should be the minimum requirements of this system?*

My response to this question should be further developed but given the time constraints for responding to these follow-up questions, I share the following as my initial thoughts regarding minimum requirements for early care and education programs.

a. Class ratios: 3 adults per 8 infants and toddlers; 2 adults per 17-20 preschoolers

b. Class size: infants and toddlers: 8; preschoolers: 17-20

c. Staff qualifications: All staff should have at least a high school diploma plus 15-20 hours of early childhood training. Lead teachers/directors should have at a minimum, training equivalent to a two year degree in early childhood education. The eventual goal should be to have lead teachers with training equivalent to a four year degree in early childhood. All staff should be required to meet annual continuous education requirements.

d. Safe environments: Early childhood programs should be safe as reflected through health and safety practices along with facility environments plus sufficient background checks of staff.

e. Developmentally appropriate curriculum: The activities and direction for children should be grounded in an understanding of what is developmentally appropriate across all domains of growth and development. Every state should be required to establish early learning guidelines for birth to three services.

f. Specialized coaching and consultation: To augment minimal requirements, specialized coaching and consultation on childhood development, social/emotional development and other areas of focus need to be available to providers. Such coaching should assist providers in problem solving through reflective supervision.

g. Connection with the public schools: It is critical to maintain the connection between what happens in the early years with what happens in the later years of formal education. Schools and early childhood programs need to jointly develop an understanding of how best to prepare children for kindergarten through developmentally appropriate practice and to facilitate the child's transition to kindergarten and parents future engagement with the public schools.

4. *How would you suggest we encourage states to go above and beyond any kind of federal quality baseline or floor?*

a. Establish challenge grants to states to create comprehensive high quality, full day, year round birth to five services by combining resources across programs and funding streams. The integration of programs and braiding of funds should include state programs for birth to five services, Head Start and Early Head Start, as well as CCDBG. All state and federal early care and education programs must focus on quality early care and education of children and the needs for full-time care for working parents.

b. Establish quality grants to support program improvement, quality rating systems, central training registries, evaluation/data systems and specialized coaching and consultation regarding early childhood development, social/emotional development, and other special areas of focus.

c. Establish Centers of Excellence Funds to support programs meeting the highest standards of quality as defined by research that will serve as demonstration sites of best practice and serve as a hub for quality enhancement of community child care programs and workforce development

I hope these ideas are helpful—please don't hesitate to contact me for further assistance.

U.S. CONGRESS,
[VIA FACSIMILE],
Washington, DC, March 26, 2009.

Mr. JIM REDMON, *Executive Director,*
The Kansas Children's Cabinet and Trust Fund, Landon State Office Bldg., Topeka,
KS.

DEAR MR. REDMON: Thank you for testifying at the March 17, 2009 hearing of the Committee on Education and Labor on "The Importance of Childhood Development."

Representative Lynn C. Woolsey (D-CA), member of the Early Childhood, Elementary and Secondary Education Subcommittee and member of the Workforce Protections Subcommittee, has asked that you respond in writing to the following questions:

1. How much do you think it would cost to provide high quality child care to one child for 9 hours a day, 5 days a week, 52 weeks a year?

2. In addition to increasing funding, what changes would you suggest to the Child Care and Development Block Grant (CCDBG) to improve quality and access?

3. If the federal government sets a floor or baseline for the minimum level of child care quality that states will need to meet, what should be the minimum requirements of this system?

4. How would you suggest we encourage states to go above and beyond any kind of federal quality baseline or floor?

Please send an electronic version of your written response to the questions to the Committee by close of business on Tuesday, March 31, 2009—the date on which the hearing record will close. If you have any questions, please do not hesitate to contact the Committee.

Sincerely,

GEORGE MILLER, *Chairman.*

Mr. Redmon's Responses to Questions for the Record

1. *How much do you think it would cost to provide high quality child care to one child for 9 hours a day, 5 days a week, 52 weeks a year?*

Factoring in the elements needed for high quality care (i.e., BA/BS degreed teachers, appropriate benefit package for teachers, best practice staff to child ratios) we estimate the cost in Kansas would be:

\$12,300 for infant care

\$11,100 for toddler care

\$9,400 for three and four year olds

2. *In addition to increasing funding, what changes would you suggest to the Child Care and Development Block Grant (CCDBG) to improve quality and access?*

To improve quality and the continuity of care for young children I would suggest stronger language ensuring that states utilize funding for enhancements in professional development for early childhood professionals and some form of a state quality rating system so parents can make more informed choices about their child's care coupled with strong accountability measures to ensure that outcomes are achieved and the funds were appropriately utilized. In addition, states should be strongly encouraged to enhance provider reimbursement for those who are serving at risk children. I would also suggest requiring a one year minimum certification period for child care subsidy regardless of the family's income changes, similar to Head Start eligibility determinations. This would allow families to keep children with the same quality provider for an extended period of time—at least a year. Families would be better able to plan as they would know when eligibility ends—rather than receiving a 10 day notice of discontinuance (as some states do) and having to come up with additional money or changing to a different—and in many cases lower quality—care in a very short period of time. Additionally, better access to care would be available if states were encouraged to reimburse/pay providers at least equal to most recent market rate survey or study provided they are using best practices in the field. This would open access for parents receiving child care subsidy and give incentives to provider higher quality care. However, in all of these areas in would be critical to have a lesser state match to encourage implementation.

3. *If the federal government sets a floor or baseline for the minimum level of child care quality that states will need to meet, what should be the minimum requirements of this system?*

In PreK, the NIERR standards set a fair and evidence base for providing services. For younger children, all best practice standards should be met. For instance, I think that all states should mandate acceptable child/staff ratios for infants and toddlers (i.e., 1:3 for infants), require all providers who care for unrelated children to pass a background check, to be licensed even if they only care for one child (some states allow providers to care for up to 5 children before being licensed), to have completed at least 60 hours of child care/early childhood education that has a focus on quality of care, child development and the importance of infant-caregiver relationships before becoming licensed and/or caring for children, to complete a minimum of 20 hours of education annually to continue to care for children and to be subject to biannual unannounced licensing visits. I also believe providers need to be licensed, not just registered as some are allowed to do as this allows a bypass of site visits.

4. *How would you suggest we encourage states to go above and beyond any kind of federal quality baseline or floor?*

Incentivize enhancements to the early childhood system that we know will improve outcomes through a competitive process. In Kansas we learned that if we gave providers funding—with incentives to meet best practice requirements—they stepped up. In some cases we gave providers time to meet criteria such as educational requirements for staff, but overall they met higher requirements if competitive funding (such as our Early Childhood Block Grant and PreK Pilots) was provided.

U.S. CONGRESS,
[VIA FACSIMILE],
Washington, DC, March 26, 2009.

Dr. HOLLY A. ROBINSON, ED.D., *Commissioner,*
Georgia Department of Early Care and Learning, Atlanta, GA.

DEAR DR. ROBINSON: Thank you for testifying at the March 17, 2009 hearing of the Committee on Education and Labor on “The Importance of Childhood Development.”

Representative Lynn C. Woolsey (D-CA), member of the Early Childhood, Elementary and Secondary Education Subcommittee and member of the Workforce Protections Subcommittee, has asked that you respond in writing to the following questions:

1. How much do you think it would cost to provide high quality child care to one child for 9 hours a day, 5 days a week, 52 weeks a year?
2. In addition to increasing funding, what changes would you suggest to the Child Care and Development Block Grant (CCDBG) to improve quality and access?
3. If the federal government sets a floor or baseline for the minimum level of child care quality that states will need to meet, what should be the minimum requirements of this system?
4. How would you suggest we encourage states to go above and beyond any kind of federal quality baseline or floor?

Please send an electronic version of your written response to the questions to the Committee by close of business on Tuesday, March 31, 2009—the date on which the hearing record will close. If you have any questions, please do not hesitate to contact the Committee.

Sincerely,

GEORGE MILLER, *Chairman.*

Dr. Robinson’s Responses to Questions for the Record

Below are the answer from Bright from the Start: Georgia Department of Early Care Learning.

1. *How much do you think it would cost to provide high quality child care to one child for 9 hours a day, 5 days a week, 52 weeks a year?*

Please see attachment on accredited cost of child care services.

AVERAGE COST OF CARE BY AGE GROUP—ACCREDITED PROGRAMS

[In dollars \$]

	NAEYC NECPA	Annual	NAA NAEYC NECPA (SAC)	NAFCC	Annual	SOC Ctrs	SOC Homes	NAEYC NECPA SOC Ctrs	NAEYC NECPA NAA SOC Ctrs (SAC)	NAFCC SOC Homes	NAEYC NECPA NAA NAFCC SOC	Annual
Infant Care	170.79	8,880.90	170.51	118.09	6,140.50	143.66	116.55	161.73	161.56	116.24	145.76	7,579.64
1-2 Years ..	159.61	8,299.67	159.61	114.43	5,950.36	135.85	112.51	151.58	151.58	111.84	137.89	7,170.10
2-3 Years ..	157.14	8,171.45	157.14	114.55	5,956.60	132.58	111.00	148.62	148.62	110.86	135.84	7,063.85
3-4 Years ..	141.90	7,378.71	141.90	112.35	5,842.20	203.88	109.16	163.48	163.48	108.86	145.24	7,552.63
4-5 Years ..	140.60	7,311.07	140.60	113.17	5,884.84	120.26	108.48	133.39	133.39	108.64	125.57	6,529.44
SAC	127.18	6,613.44	127.17	95.64	4,973.51	110.07	93.80	121.33	121.35	93.08	113.79	5,916.95

Also this link: <http://www.gsa.gov/gsa/cm—attachments/GSA—DOCUMENT/annualprofilebkl08—R2-u-fV—0Z5RDZ-i34K-pR.pdf>.

2. In addition to increasing funding, what changes would you suggest to the Child Care and Development Block Grant (CCDBG) to improve quality and access?

- Quality-key is in measurement. States should be able to measure quality in increments, not just focusing on raising the floor or bringing everyone to the ceiling. Rather, states should be able to work with all providers to improve the existing quality and show that they have improved existing quality.
- Access—from what I understand we already have flexibility in subsidy reimbursement rates. We would need money to monitor quality. I'm not saying a Quality Rating System, but to ensure access to quality, we have to have the resources to monitor quality.

U.S. CONGRESS,
[VIA FACSIMILE],
Washington, DC, March 26, 2009.

Ms. HELENE STEBBINS, *Project Coordinator,*
National Center for Children in Poverty, S. 8th Road, Arlington, VA.

DEAR Ms. STEBBINS: Thank you for testifying at the March 17, 2009 hearing of the Committee on Education and Labor on "The Importance of Childhood Development."

Representative Lynn C. Woolsey (D-CA), member of the Early Childhood, Elementary and Secondary Education Subcommittee and member of the Workforce Protections Subcommittee, has asked that you respond in writing to the following questions:

1. How much do you think it would cost to provide high quality child care to one child for 9 hours a day, 5 days a week, 52 weeks a year?

2. In addition to increasing funding, what changes would you suggest to the Child Care and Development Block Grant (CCDBG) to improve quality and access?

3. If the federal government sets a floor or baseline for the minimum level of child care quality that states will need to meet, what should be the minimum requirements of this system?

4. How would you suggest we encourage states to go above and beyond any kind of federal quality baseline or floor?

Please send an electronic version of your written response to the questions to the Committee by close of business on Tuesday, March 31, 2009—the date on which the hearing record will close. If you have any questions, please do not hesitate to contact the Committee.

Sincerely,

GEORGE MILLER, *Chairman.*

Ms. Stebbins' Responses to Questions for the Record

1. How much do you think it would cost to provide high quality child care to one child for 9 hours a day, 5 days a week, 52 weeks a year?

High-quality child care is expensive. While the cost will vary by the age of the child and the area of the country, it can easily cost \$15,000-\$20,000 per child, per year. This cost includes the comprehensive health and parenting supports that vulnerable young children need, as well as the training and salaries needed to retain high-quality staff.

The predominant cost drivers for the cost of care are staff salaries and rent/mortgage. Most child care centers do not pay the fair market value of the space they occupy. Most have space donated by churches, non-profit organizations, government, or public schools. If the cost of care reflected the true cost, most parents would not be able to afford it.

\$15,000 may seem high, but it is consistent with other quality programs:

- Head Start pays, on average, \$7,326 per child for a part-day, part-year program. If you add in the 20% match required by the local grantees, and extend the program to be full-day, full-year, the cost would exceed \$15,000. The cost for full-day, full-year Early Head Start would be even higher.

- Educare centers, which now operate in six cities and are under development in eight more, cost \$18,000 per child, per year (plus the cost of the building). This includes early care and education, as well as comprehensive services.

Other comparisons which do not control for quality include:

- Per pupil spending on public K-12 education, which averages \$11,286 according to the NEA. DC spends \$17,500 per pupil, and New York and New Jersey spend around \$15,000.

- The National Association of Child Care Resource and Referral Agencies collects state data on the average annual costs of child care. The ranges of costs varies from \$5,000 to \$15,000 for infants, and \$4,000-\$12,000 for 4-year-olds.

Other Resources:

IWPR: "Meaningful Investments in Pre-K: Estimating the Per-Child Costs of Quality Programs"

The report only looks at pre-kindergarten costs. Costs for infants and toddlers would be higher due to smaller classes sizes and staff/child ratios. While this report does include operating costs, it does not include the costs of building or renting the facilities.

<http://www.preknow.org/resource/reports/meaningfulinvestments.cfm>

The Cost, Quality, and Outcomes Study, 1995 and 1999

This landmark study looks at direct service and operating costs in four states and compares costs to quality as measured by the ECERS/ITERS test. It is an excellent source for what quality differences matter.

2. *In addition to increasing funding, what changes would you suggest to the CCDBG to improve quality and access?*

There are many ways to improve quality and access. The current regulations in the CCDBG already allow this. Examples already exist in the states.

Access:

- expanding eligibility when parents are looking for a job or attending school to obtain better jobs

- annual re-determinations of eligibility to promote continuity of care

- direct contracts with child care providers in underserved communities

- single point of entry applications for income supports (i.e. child care subsidies, TANF, Medicaid/SCHIP, ETIC)

Quality:

- Professional development tied to wages and retention

- networks of specialists to support providers in areas of health, mental health/behavior, family supports

Expanding access and improving quality is not a question of how to do it, but how to pay for it. With additional funds, the CCDBG can provide structured incentives (e.g. tiered reimbursement) for states that provide higher quality and better access.

3. *If the federal government sets a floor for minimum quality that states will need to meet, what should it include?*

I am not an expert in this area, but I firmly believe that leadership is needed at the federal level to raise the level of quality in child care settings. One way to do this is to define minimum quality standards for regulated child care.

Examples of good quality standards include the Head Start and Early Head Start performance standards, and the standards articulated in Developing America's Potential: An Agenda for Affordable High-Quality Child Care, available at:

<http://www.nwlc.org/pdf/ChildCareAgenda.pdf>

4. *How would you suggest we encourage states to go above and beyond any kind of federal quality baseline or floor?*

First, start tracking and reporting on measures that capture access and quality and is comparable across states. For example:

- State-by-state data on the percent of children eligible for child care subsidies who actually receive them. This includes the eligibility standards as defined by the

states, and as a percentage of children at or below 85% of the state median income level (the federal maximum).

- State-by-state data on the percent of children receiving subsidies broken down by the credentials of the lead teach in the classroom.
- State-by-state data on which children are served by which programs, including CCDBG, Head Start, IDEA Parts C and B, and TANF.

Second, provide financial incentives to states that increase access (e.g. increase the percent of eligible children served) and quality (e.g. increase the percent taught by credentialed teachers). Many states already use a tiered reimbursement system to reward child care providers that meet higher quality standards. With additional resources, the federal government could do the same.

[Whereupon, at 12:14 p.m., the committee was adjourned.]

